



Authorization and Consent for Release of Information

Date	
Mortgage Company	
Counselor Contact Information (Name, Address, Email, Phone)	Xavier Edwards, Housing Program Manager, 3299 Rainbow Drive, Decatur, GA 30034 xavier.edwards@gfcdc.org , 404-486-5768 (W)
Loan Number	
Borrower	
Co-Borrower	
Property Address	

1. I/we hereby authorize Green Forest CDC to obtain any or all information and to represent me/us for the purpose of discussing and/or negotiating all matters relating to my/our mortgage. **This authorization is valid for a period of one year from the signature date.**
2. I/we authorize Green Forest CDC to help me/us with all matters regarding the Housing Affordability and Stabilization plan.
3. I/we authorize Green Forest CDC to provide all figures and financial information on my/our behalf, to make any changes to our account on my/our behalf and to any document pertaining to my/our loan.
4. I/we authorize Green Forest CDC to request any document pertaining to my/our loan.
5. I/we hereby authorize Green Forest CDC to verify my/our past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a mortgage estimate and/or process my/our mortgage modification application.
6. I/we understand that Green Forest CDC provides foreclosure mitigation counseling after which I/we will receive a written Action Plan consisting of recommendations for handling my/our finances, possibly including referrals to other housing agencies as appropriate.
7. I/we understand that Green Forest CDC receives Congressional funds through HomeFree-USA for the National Foreclosure Mitigation Counseling (NFMC) program, and, as such, is required to (a) submit client-level information to the DCS for this grant, (b) allow HomeFree-USA and NFMC to open files to be reviewed for program monitoring and compliance purposes, and (c) allow HomeFree-USA and NFMC to conduct follow up with the client(s) related to the program evaluation.
8. I/we give permission for HomeFree-USA and NFMC program administrators and/or their agent to follow-up with me/us within 3 years for the purposes of program evaluation.

Housing Program Manager

Green Forest CDC Representative	Title	Date
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Borrower Signature	Last 4 digits of SSN	Date
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Co-Borrower Signature	Last 4 digits of SSN	Date
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Privacy Statement

Green Forest CDC is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your “nonpublic personal information”, such as your total debt information, income, living expenses and personal information concerning your financial circumstances will be provided to creditors, program monitors and others only with your authorization and signature on the Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you:

- Information we receive from you orally, on application or other forms, such as your name, address, social security number, assets and income.
- Information about your transactions with us, your creditors, or others such as your account balance, payment history, parties to transactions and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures:

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- If you choose to opt-out, we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your opt-out status, you may contact us to do so.

Release of your information to third parties:

- So long as you have no opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g. If we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you: We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Borrower Signature

Date

Co-Borrower Signature

Date



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Legal Disclosure Notice

Date: _____

Dear Borrower,

Please accept this as formal notice that **Green Forest CDC does not provide any legal services.** Our HUD approved Foreclosure Counseling Program is designed to assist you in communicating with your Lender or Servicer.

If your loan is under the threat of Foreclosure, Green Forest CDC is unable to assist you in responding to any Legal Notices posted or received from the court system or your Lender. Green Forest CDC does not have the adequate resources to respond to legal matters; furthermore, responding to legal issues is out of the scope of services our office can provide.

Our office recommends that you work with a Licensed Attorney experienced in foreclosure defense to protect your rights and assist you in responding to any legal notices that you may receive. While many Lenders will abate the foreclosure process when the Borrower is receiving foreclosure counseling from a HUD approved counseling agency and or preparing an application for modification, this is done as a courtesy and not a matter of law. Entering into Foreclosure Counseling or submitting a request to your lender for a **loan modification will NOT prevent your Lender from advancing foreclosure proceedings.**

You are at risk of losing your home if you do not take appropriate action.

If your Lender has given you notice that they intend to commence or proceed with the foreclosure process we will work in collaboration with your attorney to submit a comprehensive loan modification request to your Lender. Please have your attorney of choice contact our office as soon as possible.

_____(Please Initial) **I have chosen not to consult with or retain the services of an attorney** at this time and understand that Green Forest CDC will not be providing me with any legal services or protections. I understand that their efforts to negotiate with my Lender and or submit a loan modification may not stop or prevent my Lender from moving forward with the process

Borrower Signature

Date

Co-Borrower Signature

Date



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Counseling Agreement

I/we, _____ understand that Green Forest CDC (GFCDC) provides confidential Foreclosure Prevention Homeownership Counseling after which I /we will receive a written action plan consisting of recommendations for handling my/our finances, possibly including referrals to other Housing Agencies as deemed appropriate.

I/we understand that GFCDC is a HUD Approved, non-profit counseling agency that is in partnership with my/our lender, servicer or insurer and may require GFCDC share my/our information with my/our servicer to better assist me/us. I/we authorize my/our lender, servicer, or insurer to share my/our information with GFCDC. Funding comes from HUD, NFMC through HomeFree-USA, lender partners, and county municipalities.

I/we may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I/we understand that I/we am/are not obligated to use any of these services offered to me/us.

I/we give permission for HomeFree-USA and NFMC program administrators and/or their agent to follow-up with me/us for the purposes of program evaluation.

A Housing Counselor may answer questions and provide information about bankruptcy, but not give legal advice. If I/we want legal advice, I/we will be referred for appropriate assistance. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based upon individual circumstances.

Borrower Signature

Date

Printed Name

Co-Borrower Signature

Date

Printed Name



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Consent Form

- I/we hereby authorize Green Forest CDC to order a consumer credit report that is needed to provide a verification of my/our debt obligations including my/our mortgage in order to process my/our mortgage assistance application.
- I/we hereby authorize Green Forest CDC to verify my/our past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to provide a to process my/our mortgage assistance application.
- I/we hereby authorize Green Forest CDC to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.
- I/we hereby authorize Green Forest CDC to obtain an investigative report including information as to my/our character, general reputation, and criminal background history. It is understood that a photocopy of this form will also serve as an authorization.

The information obtained is only to be used to provide to process my/our application for mortgage assistance.

Applicant's Signature

Social Security Number

Date

Applicant's Signature

Social Security Number

Date



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