



FAIR HOUSING CONTACT SERVICE, Inc.
441 Wolf Ledges Pkwy, Suite 200
Akron, OH 44311
330-376-6191 or Toll-Free 877-376-6191, Fax 330-376-8391

NATIONAL FORECLOSURE MITIGATION COUNSELING PROGRAM RELEASE FORM

1. I understand that the FAIR HOUSING CONTACT SERVICE (FHCS) provides foreclosure mitigation counseling for which I will receive a written action plan consisting of recommendations for handling my finances and possibly including referrals to other housing agencies as appropriate. I understand that FHCS counselors do not provide legal advice; however, I may be referred to legal counsel if appropriate. I consent to the release of my personal, non-public information to the local Legal Aid Services as another potential resource to assist in resolving my housing situation.
2. I understand that FHCS receives Congressional funds through the National Foreclosure Mitigation Counseling program (NFMC). FHCS is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance, and evaluation.
3. I grant permission for FHCS, along with NFMC administrators and/or their agents, to pull my credit report up to two (2) additional times within the next two years. Furthermore, I authorize FHCS, along with NFMC administrators and/or their agents, to follow-up with me within the next two years in order to evaluate the program.
4. I understand that I may be referred to another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
5. I understand that submitting an application for assistance does not guarantee a resolution, and I agree to be completely honest with all documents provided. I understand that my failure to be completely honest may result in immediately closing my file.
6. **I agree to provide all paperwork requested on the Document Checklist and return ASAP. If I have questions I will contact FHCS promptly.**
7. I acknowledge that I have received a copy of FHCS' Privacy Policy. I hereby authorize my lender/loan servicer listed below to discuss and share information with FHCS whenever necessary to find a resolution to my situation. This authorization does not expire until modification process is complete.

Loan #: _____ Name of Lender/Loan Servicer: _____

Borrower's Address: _____
Street Address City State Zip Code

Printed Name (1 – Primary Borrower)

Signature (1)

Social Security Number (1)

Date

Printed Name (2 – Co-Borrower, if any)

Signature (2)

Social Security Number (2)

Date