



Housing Solutions of Northern Arizona Privacy Policy

HSNA 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 Foreclosure Mitigation 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 applications 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; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

1. 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 in writing not to make those disclosures.
2. If you choose to "opt-out" in writing, 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", you may notify us in writing.

Release of your information to third parties

1. So long as you have not 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.
2. 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).
3. 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.

Housing Solutions of Northern Arizona Foreclosure Mitigation Counseling Agreement

1. I understand that HSNA provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that HSNA receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with HUD and NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for HUD and NFMC program administrators and/or their agents to pull my credit report for housing counseling activities, up to two additional times between now and two years from the signature date of this form. I give authorization for HUD and NFMC program administrators and/or their agents to follow-up with me for the purposes of program evaluation. Follow up is not to exceed two years from the signature date of this form.
4. I acknowledge that I have received a copy of HSNA Privacy Policy.
5. I may be referred to other housing services of the organization or another agency or other 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.
6. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
7. I understand that HSNA provides information and education on numerous loan products and housing programs and, I further understand that the housing counseling I receive from HSNA in no way obligates me to choose any of these particular loan products or housing programs.

Client's signature _____ Date _____

Client's signature _____ Date _____

PREVENTING LOAN MODIFICATION SCAMS

Did anyone contact you offering assistance to modify your mortgage either directly by telephone or by other means such as by mail or a flyer? _____ (answer yes or no)

Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property or stop making loan payments? _____ (answer yes or no)

Housing Counseling Disclosure Form

I (We), _____, understand that Housing Solutions, Inc., a private nonprofit organization located in Flagstaff, Ariz. provides the following services in order to meet its mission to increase access to safe, decent and affordable housing:

- 1) Workshops, including pre-purchase workshops and post-purchase workshops;
- 2) One-on-one housing counseling to help households understand their home options and overcome any barriers to affordable housing. This includes foreclosure mitigation counseling;
- 3) Financial assistance for down payment and/or closing costs through its ongoing programs to income eligible households, according to the guidelines of the funding sources;
- 4) Development of homes, which are sold to low- and moderate-income first-time homebuyers; eligibility to purchase a home developed and/or sold by HSNA is determined by the funding sources and/or the HSNA Board of Directors;
- 5) Affordable rental opportunities to income-eligible households. Income guidelines are determined by the funding sources and/or the HSNA Board of Directors.

I understand that housing education & counseling services are available to all individuals and households regardless of income and the family's interest in or ability to purchase a home sold by HSNA. These services are independent of other HSNA programs and, while I may become aware of homes sold or rented by HSNA or financial assistance programs, I am under no obligation to purchase one of these units or participate in financial assistance programs.

HSNA has subsidiary organizations which may provide you with services. Specifically, we own Flagstaff Neighborhood Realty and AHC Homes, LLC. Housing counseling clients are not obligated to receive, purchase or utilize any other services offered by HSNA, or its exclusive partners, in order to receive housing counseling services. The counseling services, lending products, affordable housing and other forms of assistance that may be offered by HSNA, its subsidiaries, affiliates, directors, officers, employees or agents may also be offered by other providers and you are under no obligation to accept Affiliate Services. HSNA, Inc. has a financial affiliation with the City of Flagstaff, the State of Arizona, Coconino County and various financial institutions including National Bank of Arizona, Chase, Bank of America, Sunwest Bank and Wells Fargo.

HSNA strives to accommodate all clients and their needs. To contact our office through a relay service for the hearing impaired, please dial 711. If you need special accommodations, please let us know.

Authorization for Release of Confidential Information

I understand that it may be necessary for HSNA, Inc. and its authorized agents to obtain information from other agencies and entities in order to make me eligible for the services I have requested from HSNA, Inc.

Accordingly, I authorize and request any public, governmental, or private institution and its authorized agents, including but not limited to:

- Other social service agencies
- Employers
- Utility Companies
- Hospitals
- Credit Bureaus
- Landlords and their agents
- Advocacy Agencies
- Military personnel

to furnish to HSNA, Inc. or its authorized agents any and all information which it may request in the form of oral or written reports, opinions, findings, personnel and employment records, military records, credit reports, all medical records, statement of charges or otherwise, or rental records, regarding any incident about which you may have knowledge, information or access, or about which you may have rendered services or consultation.

I also understand that it may be necessary for HSNA, Inc. or its authorized agents **to release information obtained from me or authorized sources to HUD** and/or other assistance programs in order to obtain housing counseling through HSNA, Inc. and the various assistance programs which it administers.

In addition, I authorize HSNA, Inc. to release information to the Corporation for Enterprise Development (CFED), the Department of Health and Human Services' evaluation team or other local or national entity conducting research on IDAs.

Though I hereby waive any privilege I have to this information to HSNA, Inc., you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes).

A photo static, fax, scanned copy or other chemical reproduction of this authorization shall serve in its stead.

Signature(s): _____

(date)

Signature(s): _____

(date)



Mail PO Box 30134, Flagstaff, AZ 86003 Office 2304 N 3rd St, Flagstaff, AZ 86004
Phone (928)214-7456 Fax (928)774-6937

CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

I hereby authorize and instruct Housing Solutions of Northern Arizona to obtain and review my credit report. I understand and agree that Housing Solutions of Northern Arizona intends to use the credit report for the purpose of evaluating my financial readiness to engage in counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Housing Solutions of Northern Arizona in connection with such evaluation.

Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report.

In addition, in connection with determining my ability to obtain a loan, I

authorize
 do not authorize

Housing Solutions of Northern Arizona to share with potential mortgage lenders and/or counseling agencies my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders may contact me to discuss loans for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Housing Solutions of Northern Arizona in writing.

Client's Name (Print)

Client's Name (Print)

Client's Signature

Client's Signature

Social Security Number

Social Security Number

Address

Address

City, State, Zip

City, State, Zip

Date

Date