

CLIENT AUTHORIZATION FOR COUNSELING AND DISCLOSURE

Client Name: _____

Counselor: _____

I would like to participate in your counseling sessions to help me improve my housing situation. I understand that my housing counselor may discuss information about my credit history, financial situation, employment, and other information with me, and with other representatives of financial institutions or agencies as necessary to assist me in improving my housing situation. I understand that information about my personal circumstances will be treated as confidential. I further understand that I am free to choose a lender, lending product and home regardless of the recommendations made by my housing counselor. If I choose to seek financial assistance, I understand that I may be referred to a separate agency. I understand that there may be additional eligibility requirements to qualify for such assistance.

I hereby authorize my home counselor to discuss any information related to my personal circumstances that may be necessary to our attempts to improve my housing situation and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information is essential to the improvement of my housing situation.

It is further understood that in consideration of the housing counseling agency's assistance with my housing situation, I agree to hold harmless the home counseling agency and counselor and/or its employees from and all claims or cause of actions arising, or which may arise from mistakes, errors, or omissions in regards to said counseling.

I/we hereby authorize Habitat for Humanity Maui to verify my/our past and present employment earnings, records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application. I/we further authorize habitat for Humanity to order a consumer credit report to verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will serve as authorization.

Applicant Signature _____ **Date** _____

Co-Applicant _____ **Date** _____

Current Address _____

Mailing Address _____