



**Homeownership Center
Good Neighbors Foundation**

725 Cool Springs Blvd S600
Franklin Tennessee 37067
615-610-4912
615-6104913 fax

AUTHORIZATION RELEASE OF INFORMATION

Borrower/Tenant: _____ SS# _____

Co Borrower/Tenant: _____ SS# _____

Property Address: _____

City: _____ State: _____ Zip code: _____

Telephone Number: _____ Cell: _____

Email Address: _____

Lender/Landlord _____
Loan#: _____

Certified Housing Advisor: Deborah Balthrop Email: deborah@homeowncenter.com

I/We authorize that Good Neighbor Foundation: HomeOwnership Center(GNF HOC), a HUD Certified approved Non-profit organization and its representatives to speak with my/our landlord/lender, and with whomever had servicing responsibilities for my/our lease/loan and to provide to such partie's documentation or my/our behalf regarding my/our lease/loan.

I/We also authorize the landlord/lender and or servicer handling my/our lease/loan, to discuss my/our lease/ loan with GNF-HOC.

Including notification of loan modification status or future default or delinquency. To release any information concerning our account.

GNF-HOC agrees to maintain the confidentiality of Tenant's/ Homeowner's information: However, I/we also authorize the release of additional information to the agency in the future without further authorization.

I/We further authorize GNF-HOC, and/or lender, landlord, and/or servicer handling my/our loan to access my/our credit report files for debt/expense verification in conjunction with my/our rental/foreclosure counseling or qualification for assistance through the Making Home Affordable Program, HSCP, and HAF programs. This authorization will not be valid unless signed below by all tenant/borrower and co tenant/borrowers named above and will only remain valid until revoked in writing by any borrower or co borrower named below.

Borrower/Tenant _____ Date _____

Co Borrower/Tenant _____ Date _____

Good Neighbor Foundation

Program Disclosure

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent rent/mortgage delinquencies. The counselor will also provide assistance in management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to prevent rent/mortgage deficiencies.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to customers whose problems can be resolved.

Client's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process to obtain the goal of a balanced and workable plan.

Our Services are:

FBC - Financial Management Budget/Counseling

DFC - Mortgage Delinquency and Default Resolution Counseling

NDW - Non-Delinquency and Default Resolution Counseling

PPC - Pre-Purchase Counseling

RHC - Rental Housing Counseling

HMC - Services for Homeless Counseling

DFW - Resolving/Preventing Mortgage Delinquency

The client is not obligated to receive any additional services offered by this agency or its exclusive partners.

Client Signature: _____ Date: _____

Client Signature: _____ Date: _____

Privacy Policy

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Good Neighbor Foundation Counseling Agency (GNF-HOC) 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 personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does GNF-HOC collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others, such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency, such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to GNF-HOC employees who need to know that information to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct GNF-HOC to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit GNF-HOC's ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that GNF-HOC make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that GNF-HOC will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting GNF-HOC.

Name (Printed) Signature Date Name (Printed) Signature Date

RELEASE: I hereby authorize GNF-HOC to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name (Printed) Signature Date Name (Printed) Signature Date