

HOUSING COUNSELOR/CLIENT AGREEMENT

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 affordable mortgagee financing. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load 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 empower me/us in fixing those issues preventing affordable mortgage financing.

I understand that the **Salish & Kootenai Housing Authority (SKHA)** 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.

I understand that **SKHA** receives Congressional funds through the **National Foreclosure Mitigation Counseling (NFMC) program** and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

I 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 understand that I am not obligated to use any of the services offered to me.

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.

SKHA and its Counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default including the amount and cause of the default
- Present and explain reasonable options available to the homeowner
- Timely completion of counseling services
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Confidentiality, honesty, respect and professionalism in all services

Customer's Responsibility. I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing two consecutive appointments.

I (We) _____ agree to the following terms of service:

- Will always provide honest and complete information to my/our counselor, verbally or in writing
- Will provide all necessary documentation and follow-up information within the timeframe requested
- Will be on time for appointments and understand that if we are late, we will only be seen for the remainder scheduled time or you may be asked to reschedule.
- We will call within 24 hours if unable to attend an appointment
- Will contact the counselor about any changes in our situation immediately
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us

Applicant Name (Print)

Co-Applicant Name (Print)

Applicant Signature

Date

Date

Counselor Name (Print)

Counselor Signature

Date