Urban League of Hampton Roads, Inc. | *Empowering Communities. Changing Lives.*

5700 Thurston Avenue – Suite 200 – Virginia Beach, VA 23455 - 757-627-0864 – www.ulhr.org

BORROWER AUTHORIZATION FOR COUNSELING AND DISCLOSURE

Borrower Name: _____

Co-Borrower Name: _____

I would like to participate in your counseling sessions to help me improve my financial and housing situation. I understand that my 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 financial and housing situation. I understand that the Urban League of Hampton Roads, Inc. receives Congressional funds to support this program and as such is required to share some of my personal information for program monitoring, compliance and evaluation purposes. I understand that information about my personal circumstances will be treated as confidential.

It is further understood that in consideration of assistance from the Urban League of Hampton Roads, Inc. with my financial and housing situation, I agree to hold harmless the Urban League of Hampton Roads, Inc. and its agent and/or its employees and the agencies and financial institutions with which the Urban League of Hampton Roads, Inc. works and shares information from any and all claims or causes of actions arising, or which may arise, from mistakes, errors, or omissions in regards to said counseling.

I/we hereby authorize the Urban League of Hampton Roads, Inc. to:

(a) pull my/our credit report and review my / our credit file for informational inquiry and counseling purposes; and

(b) to act on my behalf with lenders in the case of credit counseling, mortgage default, or threat of foreclosure; and

(c) to mediate and disclose remedies available.

_____ Date: _____ _____
Applicant Signature *Social Security #*

_____ Date: _____ _____
Co-Applicant Signature *Social Security #*

_____ _____
Name of Lender *Account Number*

_____ _____
Urban League Counselor: *Date*
Ernest Rolland
Christy Hunt
Meka Stewart

Phone: _____

Property Address: _____

Client has received a copy of this signed document: _____
Client Signature

Rev. 01/2014

EQUAL HOUSING LENDER