



**Urban League of Hampton Roads, Inc.**

*Empowering Communities.  
Changing Lives.*

5700 Thurston Avenue – 101 – Virginia Beach, VA 23455 - 757-627-0864 – [www.ulhr.org](http://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: \_\_\_\_\_ Social Security # \_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_ Date: \_\_\_\_\_ Social Security # \_\_\_\_\_  
*Co-Applicant Signature*

\_\_\_\_\_ Account Number \_\_\_\_\_  
*Name of Lender*

\_\_\_\_\_ Date \_\_\_\_\_  
*Urban League Counselor:*  
 Oneida Cary  
 Ernest Rolland  
 Adam Washington  
 Sharon Shields  
 Meka Stewart

Phone: \_\_\_\_\_

Property Address: \_\_\_\_\_

Client has received a copy of this signed document: \_\_\_\_\_  
*Client Signature*

