



Urban League of Hampton Roads, Inc.

*Empowering Communities.
Changing Lives.*

5700 Thurston Avenue Suite 101 – Virginia Beach, Virginia 23455 – 757-627-0864 – www.ulhr.org

Pre-Purchase

CLIENT AUTHORIZATION FOR COUNSELING AND DISCLOSURE

Client Name: _____

Co-Client Name: _____

I would like to participate in your housing 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 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 discuss remedies available.

_____ Date: _____
Applicant Signature *Social Security #*

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

_____ Date _____
Urban League Counselor

_____ Date _____
Urban League Counselor

Phone: _____

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

