

The Neighbor Project™



HOMEBUYER / PMM

INTAKE PACKET

2019 / 2020

HUD Approved Housing Counseling Agency

THE NEIGHBOR PROJECT

32 South Broadway

Aurora, Illinois 60505

(630) 906-9400



EVERLASTING WORD CHURCH

22 North Highland Avenue

Aurora, Illinois 60506

(630) 906-1392

(Satellite Office)

www.neighborproject.us

CLIENT INTAKE PACKET

The packet contains all of the necessary forms for The Neighbor Project's (the Agency's) counseling services. Please be sure to complete ALL forms and answer ALL questions.

In addition to the packet, you will need unstapled single-sided copies of the additional documentation required that is listed below. The packet and the documentation can be dropped off at the office address Monday–Friday from 10:00 am to 4:30 pm OR you may drop it in our mail slot after hours. Those copies will become part of your case file to assist us in preparing an Action Plan with you and will not be returned. *If you do not have access to make copies, please contact the office to arrange for The Neighbor Project to assist you.*

_____ Current paystubs for the last TWO (2) months for ALL household members. This also includes proof of ANY income (a copy of the most recent award letter) for persons receiving any type of unemployment compensation, disability payments, retirement pensions or social security payments, public aid or food stamps. A Profit and Loss statement for the last SIX (6) months will be needed if self-employed.

_____ A clear copy of all household members VALID driver's license, state identification cards or passports.

_____ Federal Income Taxes for the last TWO (2) years including all W-2's, 1099's, schedules and attachments that accompany your federal income taxes. **Please sign and date.** If taxes were not filed you will need to submit form 4506-T (Request for Transcript of Tax Return and Wage and Income Transcript). This form can be picked up at the front desk.

_____ Business Federal Income Taxes for the last TWO (2) years including all schedules and attachments that accompany your business federal income taxes.

_____ The last THREE (3) months of ALL personal bank accounts (and business bank accounts if applicable) for ALL members of the household - ALL PAGES.

_____ Copies of all statements for credit cards, gas cards, bank cards, car loans, furniture loans, installments loans, student loans, monthly utility bills, wage garnishments and all bankruptcy documents OR the bankruptcy discharge order.

_____ Current Mortgage Statement and/or foreclosure paperwork.

_____ You may provide the Agency with a printed copy of your free credit report from www.annualcreditreport.com OR you can receive a copy of your credit report from the Agency for a TWENTY-FIVE DOLLAR (\$25.00) non-refundable fee. *IF this fee creates a financial hardship, please inform the Agency as the fee may be waived.*

In addition to the documents listed above you also need to provide the following (if applicable):

_____ Loan Application

_____ Real Estate Contract

_____ Loan Cost Estimate

_____ Closing Cost Estimate

Please note that the intake packet must be completed with all documents provided prior to an appointment with a housing counselor.

If you are unsure on how to fill out the areas of the intake packet, please direct all questions to the intake staff so they may assist you.

APPLICATION MUST BE PHYSICALLY SIGNED - NO COMPUTER SIGNATURES

CLIENT INTAKE DEMOGRAPHICS

DEMOGRAPHICS

CLIENT (please print clearly)

CO-CLIENT (please print clearly)

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

DAYTIME NUMBER: () _____
MOBILE NUMBER: () _____
SOCIAL SECURITY: _____
EMAIL: _____
DATE OF BIRTH: _____

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____

DAYTIME NUMBER () _____
MOBILE NUMBER: () _____
SOCIAL SECURITY: _____
EMAIL: _____
DATE OF BIRTH: _____

RACE

_____ White
_____ Asian
_____ Asian/White
_____ American Indian/Alaskan Native
_____ Black or African American
_____ Native Hawaiian/Other Pacific Islander
_____ Black/African American & White
_____ American Indian/Alaskan Native & Black
_____ American Indian/Alaskan Native & White
_____ Other

RACE

_____ White
_____ Asian
_____ Asian/White
_____ American Indian/Alaskan Native
_____ Black or African American
_____ Native Hawaiian/Other Pacific Islander
_____ Black/African American & White
_____ American Indian/Alaskan Native & Black
_____ American Indian/Alaskan Native & White
_____ Other

ETHNICITY _____ Non-Hispanic _____ Non-Hispanic
FOREIGN _____
BORN _____ YES _____ NO
ENGLISH _____
PROFICIENT _____ YES _____ NO
MARITAL _____ Single _____ Married
STATUS _____ Divorced _____ Separated
_____ Widow/Widower
GENDER _____ Male _____ Female
_____ Other / Non-Conforming
DISABLED _____ YES _____ NO
VETERAN _____ YES _____ NO

ETHNICITY _____ Non-Hispanic _____ Non-Hispanic
FOREIGN _____
BORN _____ YES _____ NO
ENGLISH _____
PROFICIENT _____ YES _____ NO
MARITAL _____ Single _____ Married
STATUS _____ Divorced _____ Separated
_____ Widow/Widower
GENDER _____ Male _____ Female
_____ Other / Non-Conforming
DISABLED _____ YES _____ NO
VETERAN _____ YES _____ NO

HOUSEHOLD ECONOMIC INFORMATION

_____ Female Headed Single Parent Household
_____ Male Headed Single Parent Household
_____ Single Adult
_____ Two Or More Unrelated Adults
_____ Married With Children
_____ Married Without Children
_____ Other

_____ Female Headed Single Parent Household
_____ Male Headed Single Parent Household
_____ Single Adult
_____ Two Or More Unrelated Adults
_____ Married With Children
_____ Married Without Children
_____ Other

Family Size: _____
 How Many Dependents _____
 (other than those listed by any co-client)? _____

Sexes and Ages of Dependents
 SEX AGE SEX AGE

Are there non-dependents who live in the home?
 _____ Yes _____ No

Relationship _____ Age _____

Relationship _____ Age _____

Annual Family or Household Income _____

Education _____

CURRENT SITUATION: _____ Rent _____
 _____ Living with Family _____ Homeless
 _____ not paying rent

Are you a first time homebuyer?
 (not owned a home in the last 3 years)
 _____ Yes _____ No

Family Size: _____
 How Many Dependents _____
 (other than those listed by any co-client)? _____

Sexes and Ages of Dependents
 SEX AGE SEX AGE

Are there non-dependents who live in the home?
 _____ Yes _____ No

Relationship _____ Age _____

Relationship _____ Age _____

Annual Family or Household Income _____

Education _____

CURRENT SITUATION: _____ Rent _____
 _____ Living with Family _____ Homeless
 _____ not paying rent

Are you a first time homebuyer?
 (not owned a home in the last 3 years)
 _____ Yes _____ No

Referred to by:
 _____ Print Advertisement _____ HUD
 _____ Staff/Board Member _____ Walk-In
 _____ Realtor _____ Newspaper
 _____ Friend _____ TV/Radio
 _____ Bank Name _____

Referred by:
 _____ Print Advertisement _____ HUD
 _____ Staff/Board Member _____ Walk-In
 _____ Realtor _____ Newspaper
 _____ Friend _____ TV/Radio
 _____ Bank Name _____

EMPLOYMENT FOR THE LAST TWO (2) YEARS

CLIENT

Primary Employer (if retired write retired)

Employer Name _____

Address _____

City _____ State _____ Zip _____
 () _____

Phone Number _____

Position or Job Title _____ Date Hired _____

Gross Monthly Income (before taxes) \$ _____

Net Monthly Income (after taxes) \$ _____

CO-CLIENT

Primary Employer (if retired write retired)

Employer Name _____

Address _____

City _____ State _____ Zip _____
 () _____

Phone Number _____

Position or Job Title _____ Date Hired _____

Gross Monthly Income (before taxes) \$ _____

Net Monthly Income (after taxes) \$ _____

How often are you paid?
 _____ Weekly _____ Every TWO (2) weeks
 _____ Twice a Month
 _____ Monthly

Secondary OR Previous Employer

Employer Name

Address

City State Zip

()

Phone Number

Position or Job Title Date Hired

Gross Monthly Income (before taxes) \$

Net Monthly Income (after taxes) \$

How often are you paid?

_____ Weekly _____ Every TWO (2) weeks

_____ Twice a Month

_____ Monthly

How often are you paid?
 _____ Weekly _____ Every TWO (2) weeks
 _____ Twice a Month
 _____ Monthly

Secondary OR Previous Employer

Employer Name

Address

City State Zip

()

Phone Number

Position or Job Title Date Hired

Gross Monthly Income (before taxes) \$

Net Monthly Income (after taxes) \$

How often are you paid?

_____ Weekly _____ Every TWO (2) weeks

_____ Twice a Month

_____ Monthly

Continue listing previous employers on a separate sheet of paper if under TWO (2) years of total employment.

CREDIT REPORT AND THIRD PARTY AUTHORIZATION

I/We understand that this is not an application for a loan or mortgage assistance. I/We affirm that all the answers given in this form are true and correct and are for the purpose of determining affordability. You have my/our permission to consult with any person, firm or corporation to verify the accuracy of my/our statements. I/We understand that all such information will be held in the strictest confidence.

I/We authorize the Agency to order a Consumer Credit Report to verify credit information and/or to review the credit report I/we provided. The information obtained is only to be used to assist in determining affordability.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001 and will end all counseling services and/or relationship with our Agency.

I/We will provide a copy of my/our 1003 (loan application), Loan Cost Estimate, and Real Estate Contract to review and determine/confirm affordability.

Client Signature

Date

Co-Client Signature

Date

PERSONAL SPENDING PLAN

CLIENT

MONTHLY INCOME (NET)

Full-Time Employment	\$
Part-Time Employment	\$
Unemployment Benefits	\$
Social Security Benefits	\$
Disability Benefits	\$
Retirement Benefits	\$
TANF	\$
SNAP	\$
Alimony / Child Support	\$
Gifts / Contributions	\$
Other	\$
TOTAL MONTHLY INCOME	\$

HOUSING EXPENSES

Rent / Mortgage	\$
2nd Mortgage	\$
Homeowners Association	\$

UTILITIES

Electric	\$
Gas	\$
Water / Sewer	\$
Garbage	\$
Phone / Internet / Cable	\$
Cell Phone	\$
Groceries	\$
Church	\$
Other	\$
Other	\$

TRANSPORTATION

Tolls / Buses / Trains	\$
Gasoline	\$
Car Repairs / Maintenance	\$

INSURANCE

Auto	\$
Medical / Dental	\$
Life	\$
Home	\$

OTHER

Child / Dependent Care	\$
Alimony / Child Support	\$
Medical Expenses (non insured)	\$

CO-CLIENT

MONTHLY INCOME (NET)

Full-Time Employment	\$
Part-Time Employment	\$
Unemployment Benefits	\$
Social Security Benefits	\$
Disability Benefits	\$
Retirement Benefits	\$
TANF	\$
SNAP	\$
Alimony / Child Support	\$
Gifts / Contributions	\$
Other	\$
TOTAL MONTHLY INCOME	\$

HOUSING EXPENSES

Rent / Mortgage	\$
2nd Mortgage	\$
Homeowners Association	\$

UTILITIES

Electric	\$
Gas	\$
Water / Sewer	\$
Garbage	\$
Phone / Internet / Cable	\$
Cell Phone	\$
Groceries	\$
Church	\$
Other	\$
Other	\$

TRANSPORTATION

Tolls / Buses / Trains	\$
Gasoline	\$
Car Repairs / Maintenance	\$

INSURANCE

Auto	\$
Medical / Dental	\$
Life	\$
Home	\$

OTHER

Child / Dependent Care	\$
Alimony / Child Support	\$
Medical Expenses (non insured)	\$

Clothing / Dry Cleaning \$
 Home Repairs / Maintenance \$
 Personal / Grooming \$
 Entertainment/Dining Out \$
 Health Club \$
 Pet(s) Expense \$
 Tobacco Products \$

TOTAL MONTHLY EXPENSES \$

LONG TERM DEBT

CREDITOR	MONTHLY PAYMENTS	BALANCE DUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

LIQUID FUNDS/SAVINGS/INVESTMENTS

(list the approximate value of the following)

Checking Account \$
 Savings Account \$
 Cash On Hand \$
 CD's \$
 Securities \$
 (stocks, bonds, etc.)
 Retirement Account \$
 Other Liquid Funds \$

SUMMARY OF FINANCIAL CONDITION

Total Monthly Income: \$
 Total Monthly Expenses: \$
 Total Long-Term Debt: \$
 Surplus (Deficit) Total: \$

CLIENT SIGNATURE _____ DATE _____

Clothing / Dry Cleaning \$
 Home Repairs / Maintenance \$
 Personal / Grooming \$
 Entertainment/Dining Out \$
 Health Club \$
 Pet(s) Expense \$
 Tobacco Products \$

TOTAL MONTHLY EXPENSES \$

LONG TERM DEBT

CREDITOR	MONTHLY PAYMENTS	BALANCE DUE
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

LIQUID FUNDS/SAVINGS/INVESTMENTS

(list the approximate value of the following)

Checking Account \$
 Savings Account \$
 Cash On Hand \$
 CD's \$
 Securities \$
 (stocks, bonds, etc.)
 Retirement Account \$
 Other Liquid Funds \$

SUMMARY OF FINANCIAL CONDITION

Total Monthly Income: \$
 Total Monthly Expenses: \$
 Total Long-Term Debt: \$
 Surplus (Deficit) Total: \$

CO-CLIENT SIGNATURE _____ DATE _____

THE NEIGHBOR PROJECT COUNSELING SERVICES CHECKLIST

Client(s) must initial all items that are applicable)

CLIENT

CO-CLIENT

I/We have been verbally advised of the fee schedule, if any prior to services being provided.

I/We understand that the counselor will discuss my/our Budget with me/us and I/we will receive a copy of my/our Budget.

I/We understand that the counselor will discuss my/our Action Plan with me/us and I/we will receive a copy of my/our Action Plan.

I/We understand the counselor will explain the next steps needed to reach my/our housing goal to my/our satisfaction.

I/We understand that The Neighbor Project's Housing Counselor will discuss at least THREE (3) different loan products with me/us, including but not limited to products such as FHA Loans, Conventional Loans, USDA Loans and VA Loans.

I/We have received the following forms (please initial):

CLIENT

CO-CLIENT

"Ten Important Questions To Ask Your Home Inspector"

"For Your Protection: Get A Home Inspection"

"Fair Housing Equal Opportunity Booklet"

I/We am/are interested in:

* I/We want to buy a home in the next SIX (6) months

* I/We want to buy a home in the next SIX (6) to TWELVE (12) months

* I/We want to buy a home in the next ONE (1) to THREE (3) years

Homebuyer Pre-Purchase Counseling _____

Homebuyer Pre-Purchase Workshops _____

Mortgage Delinquency & Default Resolution Counseling _____

Resolving/Preventing Mortgage Delinquency Workshops _____

Financial Management/Budget Counseling _____

Financial, Budgeting & Credit Repair Workshops _____

Home Improvement & Rehabilitation Counseling _____

Non-Delinquency Post-Purchase Workshops _____

NOTE: If you-or the person seeking counseling 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.

*** Please see important disclosures on the following three pages - and be sure to sign the final page**

The Neighbor Project Disclosures

By signing this form, I/we agree to share my/our personal, financial, and other private information. Signing this form also allows lenders and The Neighbor Project to discuss my accounts, credit and finances, and to share my non-public personal information described in the Privacy Policy provided with this authorization.

I/We understand that funders provide grants to make the counseling services possible, and that The Neighbor Project shares my/our information with these funders. These funders review The Neighbor Project's files, including my/our file, and may contact me/us to evaluate the counseling services that I receive.

I/We authorize my/our Counselor and The Neighbor Project to negotiate for me/us. The counseling services are offered free of charge, and neither the Counselor nor The Neighbor Project guarantees any result or outcome. I/We may be referred to other housing agencies for their services. I/We am/are not obligated to accept services or products from The Neighbor Project, its partners, or any organization I/we am/are referred to.

I/We understand that my Counselor cannot offer me/us legal or other professional advice or representation. If I/we need legal or other professional services I/we can ask my Counselor for information about referral services.

Product and Service Referrals

The Neighbor Project is providing Home Ownership Counseling for your benefit, and in this capacity its primary responsibility is to you. As a condition of our services, in alignment with your goals, and in compliance with HUD's Housing Counseling Program Requirements, The Neighbor Project must provide information to our clients on alternative services, programs and products, if applicable and known. These products and/or services might be available directly from The Neighbor Project through our other program areas, from lenders, developers, or other agencies with which we have a working relationship, including but not limited to the partners listed below. You are under no obligation to use the products and/or services identified by The Neighbor Project or from industry partners. Please understand that you are free to choose any lender or lending/financing product from any entity regardless of the recommendations made by The Neighbor Project representative and still participate in our counseling program.

The Neighbor Project's Housing Counseling program has a financial affiliation with the following partners:

HUD/IHDA Associated	BMO Harris Bank
First National Bank	Guaranteed Rate
Bank of America	City of Aurora
Citibank	NeighborWorks America
Mutual of Omaha	The Dunham Fund
Fifth Third Bank	Everlasting Word Church
Self-Help Credit Union	World Relief
Old Second National Bank	First Midwest Bank
Kane County 16th Judicial Court	Huntington Bank

It is your right and responsibility to decide whether to engage in any course of counseling with The Neighbor Project and to determine whether the counseling is suitable for you. The individualized action plan and direction of our counseling session will be based on the case management plan that we will develop together. The means to accomplish the outcomes and goals of your plan will evolve mutually between us and should be reviewed regularly during our counseling session(s). You are under no obligation to obtain a mortgage or purchase a home and have the option to terminate the counseling program at any time and for any reason. In addition to housing counseling, The Neighbor Project also provides services through a Networked Savings Program and a Safety-First Home Repairs Program. Also, The Neighbor Project is the owner/operator of several apartment buildings in the service area.

Furthermore, the information provided on this form does not constitute an application for mortgage financing, mortgage insurance, or for down payment assistance programs. Housing counselors will offer objective advice, if requested, about loan products for which your household may be eligible. You are free to select lenders and lending products of your choosing.

Privacy Policy

The Neighbor Project respects the privacy of the people that come to us for assistance. We understand that the matters you discuss with us are very personal. All spoken and written information shared with us will be managed with our legal and ethical obligations to you taken into consideration. We will not sell your personal information and we only share it to provide you with the counseling services. Your "non-public personal information" (including total debt information, income, living expenses, and personal information concerning your financial circumstances) will be shared with creditors, funders, and others only after you sign the Counseling Services Authorization. We may also collect, use, and share anonymous aggregated case file information to evaluate our services, to gather valuable research information, and to design future programs.

We gather the following types of information:

- * Spoken or written information on applications and other documents, such as your name, address, social security number, assets, and income;
- * Information about your transactions with us, your creditors, or others, such as your account balances, payment history, parties to transactions and credit card usage; and
- * Information we receive from credit reporting agencies, such as your credit history.

You may opt-out if you don't want us sharing your information.

- * You may “opt-out” to prevent the disclosure of your non-public personal information to third parties (such as your creditors).
- * If you “opt-out” we cannot share your non-public information and we cannot answer questions from your creditors. We need to share your information to provide you with most services.
- * You may “opt-out” at any time by calling The Neighbor Project at the phone number listed on the Counseling Services Authorization provided with this Privacy Policy.

How we use your information if you don't opt-out:

- * If you do not “opt-out” we may share information that we collect about you with your creditors or others if we think it would be helpful to you, would help us counsel you, or when required by funders that make our services possible.
- * We may share information about you to anyone as permitted or as required by law (e.g., if a Court requires us to provide it with documents).
- * Within our organization, we restrict access to your information to those employees who need to know that information to provide services to you. We maintain physical, electronic, and procedural safeguards to protect your information as required by federal and state law.

The Neighbor Project Counseling Purpose Statement

Purpose of Pre-Purchase Housing Counseling: I/We understand that the purpose of the housing counseling service is to provide one-on-one counseling to help clients address those problems that prevent affordable mortgage financing. I/We understand as a client I/we am/are required to first attend a workshop in person or online that explains the pre-purchase process, importance of home inspections and loan options. 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.

Mortgage Financing Assistance: Upon completion of the housing counseling service, I/we understand that the counselor will help to identify those loan programs that best meet my/our needs and chose a lender that is right for me/us. Upon completion of the service, and with my/ our permission, my/our client information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

Purpose of Mortgage Delinquency and Default Resolution Counseling:

I/We understand this housing counseling allows me/us to work with a housing counselor and determine what mortgage solutions may be available to me/us. I/We understand as a client I am required to first attend a workshop in person or online that explains all foreclosure options and the timelines for the State of Illinois. At my/our one-on-one meeting with a counselor, I/we will discuss my/our personal situation(s). The counselor will review my/our employment, income, debt and any current issues to help create a budget and action plan. The counselor will work with me/us to create and submit a workout solution to the lender/servicer and provide follow up and negotiations as necessary. The counselor will review the terms of the resolution with me/ us and after I/we have been informed I/we will determine the course of action for myself/ourselves.

Purpose of Home Improvement and Rehabilitation Counseling (Post-Purchase):

I/We understand this housing counseling allows me to work with a housing counselor and determine what mortgage assistance, refinancing and/or rehab products may be available to me/us. I/We understand as a client I/we am required to first attend a workshop that explains all post-purchase issues. At my/our one-on-one meeting with a counselor to discuss my/our personal situation(s), the counselor will review my/our employment, income, debt, housing needs and any current issues to help create a budget and action plan. I/We will be made aware of other resources available to help with home repairs and other possible financial assistance programs for homeowners. If necessary, I/we may be referred to other agencies for services. Budgeting for the costs of home maintenance, home insurance, city ordinances and foreclosure prevention are discussed, and the counselor will provide information on grants and/or loan products necessary. The counselor also provides information on avoiding scams that may cause me/us to lose my/our home.

Purpose of Financial Management/Budget Counseling (Post-Purchase): I/We understand that as a client I/we will be required to attend a workshop that provides an overview on various topics:

Personal Spending Plan, Savings, Creating and Maintaining, Personal Goal Setting, Borrowing Basics, Understanding and Establishing Credit, Checking, Savings, Debit and Credit Cards, Homeownership vs. Renting, Investing, Insurance and Asset Management. At my/our one-on-one meeting financial topics and resources will be provided to help me/us prepare to become economically self-sufficient.

I/We discuss long/short-term financial stability, how I/we can reach my/our financial goals and building long-term wealth for myself/ourselves and my/our family. I/We will help develop an action plan, listing required steps, assign who is responsible for completing each step, and completion due dates. The action plan will be signed by me/us and the counselor and I/we will be given a copy.

Eligible Criteria: I/We understand that the counseling agency provides housing counseling assistance to clients whose problems can be resolved in TWENTY-FOUR (24) months or less. I/We understand that if it is determined my/our issues will take longer than TWENTY-FOUR (24) months to fix, I/we will be referred to a long-term housing counseling service.

Client's Responsibility: I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my/our counseling program. This includes but is not limited to missing THREE (3) consecutive appointments OR non-communication with the counselor within a NINETY (90) days period.

Agency Conduct: No Agency employee, officer, director, contractor, volunteer or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our Agency's compliance with federal regulations and our commitment to service the best interests of our clients.

Agency Conduct: No Agency employee, officer, director.

Errors and Omissions and Disclaimer of Liability: I/We agree the Agency, its employees, agents and directors are not liable for any claims and causes of action arising from errors or omissions by such parties or related to my participation in the Agency's counseling; and I/we hereby release and waive all claims of action against the Agency and its affiliates. I/We have read this document, understand that I/we have given up substantial rights by signing it, and have signed it freely and

without any inducement or assurance of any nature and intent it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provisions valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Client Acknowledgment & Authorization: I/We have reviewed and accept and agree to the above "The Neighbor Project Counseling Purpose Statement." By signing below, I/we certify that I/we have read and understand the above statement and I/we have been provided a copy of this statement.

By signing below, I/we further authorize my/our employers, lenders, creditors, servicers, and others to share personal and financial information with my Counselor and The Neighbor Project. I/We authorize my/ our Counselor and The Neighbor Project to collect information about my/our accounts and to share this information with others, including funders, as need to provide counseling services, to seek assistance form programs, or for related products and services. I/We authorize funders to contact me/us to evaluate programs that I/we participate in. I/We will also acknowledge the receipt of the addendum document "The Neighbor Project Counseling Purpose Statement" which supplements and is a part of this form.

CLIENT SIGNATURE: _____
PRINTED NAME: _____
DATE: _____

CO-CLIENT SIGNATURE: _____
PRINTED NAME: _____
DATE: _____

Media Release: By signing below, I/we give permission to The Neighbor Project and its agents to use such reproductions of my-- and of my family's--person(s) in any and all media forms for educational, publicity, or advertising purposes in perpetuity without further consideration or rights to royalties or other compensation. I/we understand this is a limited release of confidentiality rights I/we have with the Agency and the Privacy Act.

CLIENT SIGNATURE: _____
PRINTED NAME: _____
DATE: _____

CO-CLIENT SIGNATURE: _____
PRINTED NAME: _____
DATE: _____