



SOLITA'S HOUSE
Providing the Keys to Homeownership

I _____ give Solita's House, Inc. permission to use my name and photograph, as well as that of my minor children, in any current and future publications or marketing materials. I also give permission to use my story for future news articles.

Furthermore, in view of the fact that Solita's House Inc. is a not-for-profit organization, I hereby release, hold harmless and waive all claims associated with these publications and marketing materials which I may have against Solita's House, Inc. and its employees.

___ I DO NOT WANT MY PICTURES AND NAME USED.

signature

date



ACKNOWLEDGEMENT (Home Today)

I (being each of the parties executing this document below) am participating in the Home *Today* Program offered by Third Federal Savings and Loan Association of Cleveland ("Third Federal")

I understand that Third Federal does not benefit financially from any referral partner or partnership contacts. Through participation in the Home *Today* Program, I acknowledge that I will be able to gain access to training partners or referral partners who offer additional personal money management education, counseling and home ownership training.

I have received a copy of the Third Federal Privacy Promise.

AUTHORIZATION

I authorize Third Federal to forward my name, address, e-mail address and telephone numbers to training partners, referral partners or program evaluators who may choose to contact me.

To facilitate the origination, processing and servicing of my loan, I authorize Third Federal to interact with any training partner, referral partner, or program evaluator with whom I've dealt. Such interaction can take the form of oral conversations or written correspondence relating originating, servicing or working out problems or issues relating to my mortgage loan as well as providing copies of documents from my mortgage loan file such as, but not limited to:

- A completed Third Federal Mortgage Application
- Mortgage Payment History
- A copy of the Mortgage Deed and Promissory Note
- Default Notices
- Any documentation provided to verify income
- HUD1 Settlement Statement
- Pre-approved Loan Amount

I understand that Third Federal will not share a copy of my credit report. Training partners or referral partners will be responsible for obtaining credit reports independently if needed.

Signature

Street Address

Print Name

City, State and Zip Code

Social Security Number

(_____)_____
(Area Code) Daytime Phone Number

e-mail address

Training Partner or Referral Partner Name

SOLITA'S HOUSE, INC

Data Release Form & Third Party Authorization

NOTE: If 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.

You hereby authorize and instruct Solita's House Housing Counseling Agency (SHI) and/or its assigned agents to:

- Obtain and review your credit report, and
- Request verifications of your income and rental history, and any other information deemed necessary for improving your housing situation(for example, verifying your annual property tax obligations and homeowner's insurance fees)

Your credit report will be obtained from a credit reporting agency chosen by Solita's House. You understand and agree that Solita's House intends to use the credit report for the purpose of evaluating your financial readiness to purchase or rent a home and/or to engage in post-purchase counseling activities. You hereby authorize Solita's House to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help Solita's House determine your viable financial options.

- Lenders
- Banks
- Mortgage Servicers
- Debt Collectors
- Landlord
- Property Management Companies
- Social Service Agencies
- Counseling Agencies
- Public Housing Agencies

Entities such as mortgage lenders and/or counseling agencies may contact your Solita's House counselor to evaluate the options for which you may be eligible. In connection with such evaluation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your SHI counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby authorize the release of your information to program monitoring organizations SHI, including but not limited to, Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition you authorize Solita's House to have your credit report pulled two additional times to conduct program evaluations. You also agree to keep SHI informed of any changes in address, telephone number, job status, marital status, or other conditions which may affect your eligibility for a program you have applied for a counseling service that you are seeking.

Finally, you understand that you may revoke consent to these disclosures by notifying Solita's House in writing.

LOAN NUMBER: _____

Property Address: _____

_____	_____	_____	_____
Borrower Name	Borrower signature	Last 4 SSN	Date

_____	_____	_____	_____
Borrower Name	Borrower signature	Last 4 SSN	Date

Counseling Agency: _____ Tax ID# _____

_____	_____
Counselor Name	Counselor Signature

Solita's House, Inc. and it's employees are NOT attorneys. The information provided in this document is to be used as a resource and is based solely on the experiences of the agency's counselors and training. This form is to be completed only for the purpose of providing counseling services in Foreclosure Intervention & Default Counseling and Pre-purchase Mortgage Readiness.

PROGRAM DISCLOSURE FORM

NOTE: If you 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.

About Us and Program Purpose: Solita's House, Inc. (SHI) is a non profit, HUD approved comprehensive housing counseling agency. We provide free to low cost education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure intervention and default , non-delinquency post-purchase counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seg.). **As a housing counseling program participant, please affirm your roles and responsible along with the following disclosures and initial, sign and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles & Responsibilities	Client's Roles & Responsibilities
Reviewing your housing goal and your finances; which includes your income, debts, assets, and credit history.	Completing the steps assigned to you in your Client Action Plan.
Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.	Providing accurate information about your income, debt, expenses, credit, and employment.
Preparing a household budget that will help you manage your debt, expenses, and savings.	Attending meetings, returning calls, proving requested paperwork in a timely manner.
Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.	Notifying SHI or your counselor when changing housing goal.
Neither your counselor nor SHI employees, agents, or directors may provide legal advice.	Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.
	Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
Termination of Services: Failure to work cooperatively with your housing counselor and/or SHI with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.	
_____ initials	

Agency Conduct: No SHI 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 serving the interests of our clients.

Agency Relationships: SHI financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, Neighbor Works America, USDA Rural Development, the State of Florida Hillsborough County, and banks including Bank of America, Wells Fargo, Third Federal Savings and Loans. As a housing counseling program participant, you are not obligated to use the products and services of SHI or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: SHI has a first-time homebuyer program developed in partnership with various partners. However, you are not obligated to participate in this or other SHI programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including Ship/Home Programs, FHA, Florida Bond, USDA and (FHA) for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by SHI and its exclusive partners and affiliates.

PROGRAM DISCLOSURE FORM

Errors and Omissions and Disclaimer of Liability: I/we agree SHI, 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 SHI counseling; and I hereby release and waive all claims of action against SHI and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it 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 provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding Requirements, SHI, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with SHI grantors such as HUD, Neighbor Works America or NFMC.

Privacy Policy: I/ We acknowledge that I/we receives a copy of the Solita's House Privacy Policy.

initials

I/we acknowledge that I/we received, reviewed, and agree to the Solita's House Program Disclosures.

Name 1 Signature _____ Date _____ Counselor Signature _____ Date

Name 2 Signature _____ Date

Privacy Policy

NOTE: If you 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.

Solita's House, Inc (SHI) is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic, personal information.

What is nonpublic, personal information?

- Information that identifies an individual personally and is not otherwise publically available information, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts

What personal information does SHI collect about you?

We collect personal information about you from the following sources:

- Information that you provide on applications, forms, email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit Reports

What categories of information do we disclose and to whom?

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others; such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency; such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information; but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

How is your personal information secured?

We restrict access to your nonpublic personal information to SHI employees who need to know that information in order to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

Opting Out of Certain Disclosures

You may direct SHI to *not* disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit SHI ability to provide services such as foreclosure prevention counseling. If you choose to opt-out, please sign below under the "Opt-Out" clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

OPT-OUT: I request that Solita's House Inc, make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that SHI will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting Solita's House Inc,

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date

RELEASE: I hereby authorize Solita's House Inc, to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

Name 1 (Printed)

Signature

Date

Name 2 (Printed)

Signature

Date