Form ID# CRDT/AUTH 001 Counseling Only

CERTIFICATION, CREDIT AUTHORIZATION, AND RELEASE OF INFORMATION FOR MUSTARD SEED DEVELOPMENT CENTER

Certification

The undersigned certifies the following:

HUD ID # (office use only)

- I/We understand and acknowledge that MSDC is a HUD APPROVED HOUSING COUNSELING AGENCY offering services to assist in a financial/credit evaluation and not a broker and/or lending institution. I/We also understand that MSDC is not responsible for the ability or inability to obtain/maintain an installment/mortgage loan approval or restructure an existing loan and we have the rights to work with my/any lender/creditor of my choice.
- 2. I/We understand and acknowledge that this program is not a request by the undersigned to remove, change and/or alter current (and/or future) contracts, credit reporting ratings, and/or payment schedules with credit obligations. MSDC may represent participant by engaging in negotiations with community partners to facilitate repayment plans and all other transactions that do not represent the participant in the form of a legal binding contract. I/We understand that this authorization is only for the purpose of pulling unlimited credit reports to obtain information required by MSDC in order for the undersigned to participate in the counseling program(s). I/We understand that a pull of my credit report is a soft pull and not a hard pull on my credit report.

I/We also acknowledge that MSDC has our permission to use/share our information (excluding names, creditors account numbers, and personal Identifier numbers that identify me/us) in promotions, classroom and advertisement material at their discretion free to MSDC, to mean we understand we will not receive compensation in any way from such acts.

3. I/We understand that this is not an application for credit. If we wish to submit a request for credit we must do so by contacting lender/creditor institutions with a separate written document to request an application. I/We understand that MSDC collaborates with other public/private community institutions and that MSDC is not legally responsible for error and/or loss that results from transactions of our *Community Partners* and/or MSDC lenders they have contracted services with of MSDC choice and that these agencies are independently responsible for their individual loan performance, product specifics, and/or services. We understand that we have the right to choose a lender, realtor, Public Project/Program, Title Company, Home Inspector and/or Insurance agent of our choice which must be kept in compliance with the program requirement and guidelines. We grant permission to MSDC to discuss our information with their partners to achieve better products/services on our behalf knowing we have the right to turn down any offer/product/service made available to me (us) in my (our) behalf by MSDC and/or their partners.

Please Initial Here: Participant:_____ Co-Participant:_____

Credit Authorization and Release of personal Information

To Whom It May Concern:

- 1. I/We have enrolled in the Financial/Credit Housing Counseling and seminar program offered by Mustard Seed Development Center. As part of the counseling process, MSDC may verify information provided by me/us for any documents required in connection with the program.
- 2. I/we authorize you to provide to MSDC and to its Community Partners (community-based organizations) who assist in the recruitment and delivery of the counseling program, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income: bank, money markets, stocks, bonds, mutual funds, and similar account balances; an unlimited credit history/report and credit approval status; and copies of income tax returns. MSDC also has authorization to act in my/our behalf for correcting information only.
- 3. MSDC and its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program may address this authorization to any party having pertinent information in the delivery of the counseling program. Funders and Contracted service agreement that MSDC has must be disclosed prior to services of what agency or community-base organization MSDC is paid by. Please initial below giving MSDC permission to work with agency funding your services:

Please Initial Here: Agency paying for your Services _____ Initial Your permission to use this funder ____/

- 4. MSDC also has authorization to release program information to include application, written materials produce to assess and monitor progress of participants success in the program and to funders, Housing Urban Development, (HUD) or like agencies that monitor and approve MSDC certifications, licensing may have complete authority to review documents stored in a participants file to monitor activities performed by certified, licensed staff of MSDC.
- 5. A copy of this authorization may be accepted as an original.

Participant Print Name X		
Participant Sign Name	Date	Social Security Number
Co-Participant Print Name X		
Co-Participant Sign Name	Date	Social Security Number

Cert & Auth (1/100) @ MSDC REVISED 9/17/2012