Housing and Credit Counseling Inc

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STATEMENT OF COUNSELING SERVICES

Please read carefully so you understand the counseling process. Check next to each statement to indicate understanding of that item. Client #

As a member of the National Foundation for Credit Counseling (NFCC) serving Kansas since 1985, our agency complies with NFCC's high standards for quality credit counseling and financial education. This agency is accredited by the Council on Accreditation (COA), an independent third party organization that reviews and monitors parties that provide social services. We are a non-profit agency in accordance with Section 501©3 of the Internal Revenue Code. Nothing herein shall apply to actions or claims under the provision of the United States Bankruptcy Code, 11 U.S.C. § 101, et seq.

_____ I understand that HCCI will provide a confidential, comprehensive personal money management interview for a fee of $45 for an individual or couple. For housing counseling services related to pre-purchase and loss mitigation a counseling fee will not be assessed. Reverse mortgage counseling sessions have a fee of $125.

_____ I understand that this fee may be reduced or waived if my household meets specific guidelines, and if I so request. If I qualify under these guidelines, the agency will provide services regardless of my ability to pay. All fees collected help HCCI continue to provide these services.

_____ I understand that HCCI supports and delivers a variety of counseling and education services on family money management, budgeting, and the prudent, intelligent use of credit. Assessments are responsive to cultural factors brought to the attention of the counselor to support the achievement of agreed upon goals.

_____ I understand that HCCI provides housing counseling and education services to inform and prepare the client for achieving and maintaining homeownership. Clients for this service receive counseling and education regarding home financing that address: a. appropriate types and sources of mortgage loans; b. understanding how lenders evaluate credit and determine mortgage readiness; c. how to avoid predatory loans; d. resources available to assist with home purchases; e. what to do if the loan is denied; and f. loan closing costs and procedures.

_____ I understand the interview will be conducted by a certified consumer credit counselor, certified housing counselor or qualified professional counselor. All counseling sessions, not conducted by a certified counselor, will be reviewed by a certified counselor.

_____ I understand that HCCI counselors are not attorneys and that if I need legal representation or advice, I should seek the services of an attorney. While he/she has expertise in helping those with financial problems, he/she cannot provide legal advice. This session is designed to provide you with information and alternatives. It is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

_____ I understand that support for agency services comes through area United Ways, HUD, client counseling fees, contracts, community contributions and volunteer services. Most of our funding comes from voluntary contribution from creditors who participate in Debt Management Plans (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments that are made through a DMP— up to fifteen percent (15%) of each payment received. However, creditors included in a DMP will always be credited with one hundred percent (100%) of the amount that is paid to through us. We will work with all creditors regardless of whether they contribute to our agency.

_____ I understand that I will participate in developing a written assessment and action plan outlining my individual situation and offering appropriate prioritized solutions. The action plan contains: a. a preliminary evaluation of the request or need for services, including identifying information; b. a summary of the my financial situation including assets, liabilities, income, living expenses, debt, and housing; c. my goals and responsibilities; d. a statement describing the array of options available, including bankruptcy, as applicable; and e. referrals made for other services, as applicable. Assessments include a review of my housing status, including an affordability analysis and any potential threats to safe and adequate housing.

_____ Counseling and education services offer the full range of options, and include information about: a. negotiating directly with creditors on payment or interest rate relief; b. changing buying habits; c. strategies for saving money; d. custom designed payment plans; and e. advantages of and challenges with all options, including bankruptcy, DMPs, and self-administered payment plans. Receipt of financial counseling and education services does not guarantee participation in a DMP. If a DMP is an option, I will receive complete details of the operation requirements, and responsibilities. I understand that DMP's are not suitable for all clients.

_____ I understand that HCCI counselors will provide relevant, non-biased referrals to a network of community resources and service providers when additional services are needed. I have the option to use or refuse any referrals.

_____ I understand that at some point in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

_____ I hold the agency, its employees, agents and volunteers harmless from any claim, suit action or demand of myself, my creditors, or any other person resulting from suggestions or counseling.

_____ I understand that in the event that I am dissatisfied, I can utilize the Complaint Resolution Process.

I have read and understand the disclosures made above. I acknowledge that I have received a copy and read HCCI's Client Bill of rights, Complaint Resolution Process, and Non-Discrimination Policy. ___ Yes

_____	_____
Client	**Counselor**
_____	_____
Co-Client	**Date**