

**Lynchburg Community Action Group, Inc.
Housing Counseling Department
Homeowner / Counseling Agreement**

I/We understand that Lynchburg Community Action Group, Inc. Housing Counseling Department and its counselors agree to provide the following services:

- Development of a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance communicating with the mortgage company and other creditors
- Timely completion of promised action
- Explanation of collection and foreclosure process
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect and professionalism in all services

I/We give permission to Lynchburg Community Action Group Housing Counseling Department to pull my credit report to help evaluate my financial situation in resolving my mortgage delinquency.

I/We acknowledge that I have received a copy of the Lynchburg Community Action Group, Inc.'s Privacy Policy.

A counselor may answer questions and provide information, but not give legal advice. If I/We want legal advice, I/We will be referred for appropriate assistance.

I/We _____ (Customer's name[s]) agree to the following terms of service:

- I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
- I/We will provide all necessary documentation and follow-up information within the timeframe requested.
- I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will still end at the scheduled time.
- I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
- I/We will contact the counselor about any changes in our situation immediately.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us

Client's signature _____ Date _____

Client's signature _____ Date _____

Counselor's signature _____ Date _____

Counselor's signature _____ Date _____