

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

NOTE: *If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.*

CONSENT: Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

For Pre-Purchase Education Services only:

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

For Post-Purchase Education Services only:

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

Client's Printed Name:	Client's Signature:	Date Signed:
Client's Printed Name:	Client's Signature:	Date Signed:
Client's Current Address:	City:	Zip Code:

To be completed by Certified MSHDA Housing Education Program Counselor:		
Agency Name:	Agency Phone Number:	
Counselor Name:	Counselor Signature:	Date Signed: