4-Sight Counseling, Inc.
937 Broadway Suite 305 ***573-334-7995***
Cape Girardeau, MO 63701 ***573-335-8610 - Fax***

Foreclosure Mitigation Counseling Agreement

1. I understand that 4-Sight Counseling, Inc. provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referral to other housing agencies as appropriate.

2. I understand that 4-Sight Counseling receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and , as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

3. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and the termination of services and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and program termination for the purposes of program evaluation.

4. I acknowledge that I have received a copy of 4-Sight Counseling, Inc's Privacy Policy.

5. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able 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.

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

7. I understand that 4-Sight Counseling, Inc. provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from 4-Sight Counseling, Inc. in no way obligates me to choose any of these particular loan products or housing programs.

Clients Signature _____ Date _____

4-Sight Counseling, Inc.
Housing Counseling _____ Date _____