



***LifeSpan Credit Counseling Services***

1900 Fairgrove Avenue (Rt. 4)

Hamilton, OH 45011-1966

(513) 868-9220 Fax (513) 868-3249

(513) 424-6888 Middletown

(513) 886-9220 Mason

**HOUSING COUNSELING PROGRAM DISCLOSURE**

*Purpose of Housing Counseling.* I/We understand that the purpose of the housing counseling program is to provide one-on-one counseling to help customers fix those problems that prevent affordable mortgage financing or mortgage solvency. The counselor will analyze my/our financial and credit situation, identify those barriers preventing me/us from obtaining affordable mortgage financing and/or remaining current on my/our existing mortgage, and develop a plan to remove those barriers. The counselor will also provide assistance in debt-load management with the preparation of a monthly and manageable budget plan. I/We further understand that it will not be the responsibility of the counselor to fix the problem for me/us but rather to provide guidance and education to empower me/us in fixing those issues preventing affordable mortgage financing and mortgage solvency.

*Mortgage Financing Assistance.* Upon completion of the housing counseling program, I/we understand that the counselor will help to identify those loan programs that best my/our needs and choose a lender that is right for me/us. Upon completion of the program, and with my/our permission, my/our customer information will be transferred to my/our selected lender. I/We understand that the counselor will monitor my/our loan progress to ensure the loan process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive mortgage financing from the chosen lender.

*Homeownership Education Classes.* I/We understand that as part of the housing counseling program, I/we will be required to attend group homeownership education classes.

*Customer's Responsibility.* I/We understand that it is our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

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Client's Signature

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Date

Co-Applicant's Signature

Date