



Authorization

- 1. I understand that First Home Alliance provides financial capability counseling and coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other agencies as appropriate.
- 2. I understand that First Home Alliance submits client-level information relating to the Housing Stability Counseling Program grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.
- 3. I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.
- 4. I give permission for my information and data to be shared with HUD and NeighborWork America, IHDA, Maryland DHCD, Virginia Housing and HomeFree-USA for purposes of program monitoring, auditing, compliance, evaluation and follow up for up to three years.
- 5. I acknowledge that I have received a copy of First Home Alliance’s Privacy Policy.
- 6. I may be referred to other services of the organization, another agency or agencies as appropriate that may be able to assist with concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
- 7. 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.

Signature: _____

Date: _____