Dear Homeowner,

Before we schedule your phone appointment, please complete the following intake packet and send back with the following documents:

- Proof of income
- Photo Id and Social Security Card
- Copy of your last mortgage statement
- Copies of recent documents from your mortgage servicer

Once we receive your package, our intake specialist will call you to schedule an appointment time. If you have questions about the documents requested or our services, please call us anytime Monday through Friday 8:30am to 4:30pm.

The Housing Council also provides:

- Landlord and Tenant services
- Lead paint abatement information
- Reverse mortgage counseling (HECM counseling)
- Fair housing education
- First time homebuyer services

For more information about any of our services, visit our website at TheHousingCouncil.org or ask your counselor

Sincerely,

Trisha Isaman
Director of Foreclosure Prevention
Your Information

Borrower’s First Name: ___________________________ Last Name: ___________________________

SSN# : ______-______ - _______ Birth date: _____/_____/_______

Co-Borrower’s First Name: ___________________________ Last Name: ___________________________

SSN# : ______-______ - _______ Birth date: _____/_____/_______

Mailing address _______ ___________________________________ ________________________

#    Street Name      City

________   _______________  ______________________

State         Zip Code

Race: (Please chose by marking the appropriate box)

☐ White    ☐ Black or African American    ☐American Indian/Alaskan Native    ☐Asian

☐ Native Hawaiian/Other Pacific Islander    ☐American Indian/Alaskan Native and White

☐ Asian & White    ☐ Black/African American & White

☐ American Indian/Alaskan Native and Black    ☐ Other: ______________________

Ethnicity: Hispanic? ☐Yes ☐No

Foreign Born? ☐Yes ☐No

Gender: ☐ Female ☐ Male ☐ Other/Non-Conforming

Veteran? ☐ Yes ☐ No

Disabled: ☐ Yes ☐ No

Disabled Dependents? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Head of Household:

☐ Single Adult    ☐ Married with dependents

☐ Female-headed single parent household    ☐ Two or more unrelated adults

☐ Male-headed single parent household    ☐ Married with out dependents

☐ Other: ______________________

Household size: ______ # of dependents: ______ What ages?: _____, _____, _____.

Best Contact Phone Number (______) ______-___________

Email (if you prefer to be emailed for updates): __________________________
**Education:**
- [ ] Below High School Diploma
- [ ] High School Diploma or Equivalent
- [ ] Two-Year College
- [ ] Bachelors Degree
- [ ] Masters Degree
- [ ] Above Masters Degree

Have you ever filed a bankruptcy?  
- [ ] No
- [ ] Yes:  
  - [ ] Chapter 7  or  [ ] Chapter 13

**Referred to by:**
- [ ] Print Ad
- [ ] Bank
- [ ] Walk in
- [ ] Newspaper Article
- [ ] Government
- [ ] TV
- [ ] Friend
- [ ] Presentation
- [ ] Realtor
- [ ] Staff Member
- [ ] Radio
- [ ] Other________

---

**Your Home’s Information**

Condition of property: (Please choose one)  
- [ ] Poor
- [ ] Fair
- [ ] Good
- [ ] Excellent

What is your monthly Mortgage payment? _______________

Does this include taxes and insurance? ______________

Number of months behind on your Mortgage payment: ________

**Mortgage Type (please choose one):**
- [ ] VA
- [ ] Conventional
- [ ] FreddieMac
- [ ] FHA
- [ ] FannieMae
- [ ] Not sure

Do you have a second mortgage or home equity loan?  
- [ ] YES
- [ ] NO

Is it current?  
- [ ] YES
- [ ] NO

Please choose the option that best describes the primary reason why you fell behind on your payments:

1. Reduction in income
2. Poor budget management
3. Loss of income
4. Medical issues
5. Increase in expenses
6. Divorce/ Separation
7. Death of a family member
8. Business Venture Failed
9. Increase in Loan Payment
10. Other

Please mark the current source(s) of income your household receives:
- [ ] None
- [ ] Employment
- [ ] Unemployment
- [ ] Other:________
- [ ] SSD
- [ ] SSI
- [ ] Worker’s Comp

Start date of current employment _____/______ / _______

Date the home was purchased (month/year) _____/______

Were you a first time homebuyer?  
- [ ] Yes
- [ ] No

Amount paid for the home $__________

Who is your current lender? ______________________________________________________________

Have you ever refinanced?  
- [ ] Yes
- [ ] No

Date of the refinance (month/year)_____/______

Have you ever had a modification?  
- [ ] Yes
- [ ] No

Date of the modification (month/year)_____/______

What is your current interest rate? _____%  
- [ ] Fixed
- [ ] Adjustable
- [ ] Not Sure
**Hardship Statement**

In your own words, please briefly describe why you made an appointment with the Housing Council’s Foreclosure Prevention program and the timeline of events relevant to your hardship.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Signature:___________________________  Date:________________

*The details of your situation will be discussed further with your counselor*
Client/Counselor Contract

The Housing Council and its counselors agree to provide the following services:

• Development of a spending/budgeting plan
• Analysis of the mortgage default, including the amount and cause of the default
• Presentation and explanation of reasonable options available to the homeowner
• Assistance communicating with the mortgage servicer/lender
• Timely completion of promised action
• Explanation of collection and foreclosure process
• Identification of assistance resources
• Referrals to needed resources
• Free, confidential, honest, respectful and professional service

I/We, (Your Name) _____________________________________________ 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 if I/We are unable to attend a scheduled 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 and assistance to me/us.
• I/We disclosed all household income to the assign housing counselor.

______________________________         _____/______/______
Homeowner #1 Signature                   Date

______________________________         _____/______/______
Homeowner #2 Signature                    Date

______________________________         ___________________
Counselor                       Date

I have received a copy of The Housing Council’s Privacy Policy _____________(Clients Initials)

We are a non-profit, HUD approved housing counseling agency.
Counseling Agreement

1. I understand that The Housing Council at PathStone provides foreclosure mitigation counseling 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 acknowledge that I have received a copy of The Housing Council at PathStone’s Privacy Policy.

3. 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.

4. 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.

5. I understand that The Housing Council at PathStone provides the following housing programs and services: Landlord/Tenant Services, The Housing Hotline, Heading Home Rochester Rental Assistance Program, Landlord-Tenant Services Agreement (LTSA) Inspections for Department of Health and Human Services, and The Fair Housing Department.

I further understand that the housing counseling I receive from The Housing Council at PathStone in no way obligates me to choose any of the particular loan products or housing programs.

“I understand that my information will be shared with the Center for New York City Neighborhoods, Inc. and the New York State Coalition for Excellence in Homeownership Education, Inc. (dba HomeSmartNY) and that information I provide could be used by the Center to improve coordination of services, including by identifying other services I have received from the Center, The Housing Council at PathStone, Inc., or any of the Center’s service partners for which I previously provided authorization to share any of my information. I understand that information that I provide may be used for research, program or policy development, or other legitimate purposes by the Center and shared with the Center’s funders, government partners and others, including, but not limited to, the City of New York and the New York State Office of the Attorney General. I understand that any information provided may be shared if required by court order or applicable law.”

I understand that my information may be used for research, program or policy development, or other legitimate purposes by relevant funders of foreclosure prevention services including but not limited to the Center for New York City Neighborhoods, the New York State Office of the Attorney General, and the City of Rochester.

Homeowner’s Signature _____________________________ Date _____/_____/______
Authorization for Release of Information

I hereby authorize The Housing Council at PathStone to release/exchange information from my records in order to assist me in resolving a mortgage default.

This information will be released only to those institutions, companies and agencies that our organization believes can provide assistance in resolving a mortgage default. Examples of such entities include mortgage servicers, mortgage investors, public agencies, realtors and other nonprofit organizations. If necessary, information on file at another entity may also be released to us. This information release/exchange will be restricted to the specific financial data, such as income, budget, debt and mortgage details provided by you.

I understand that the provision of services at this organization is not contingent upon my decision concerning the release/exchange of information.

I understand the contents to be released/exchanged, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled. I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. I also acknowledge that a copy of this form is as valid as the original.

Homeowner (print name) ______________________________________

Homeowner #1 Signature ___________________________ Date ____/____/____

Homeowner (print name) ______________________________________

Homeowner #2 Signature ___________________________ Date ____/____/____

Counselor (print name) ______________________________________

Counselor (signature) ___________________________ Date ____/____/____

Agency to release information to: ______________________________
CREDIT REPORT AUTHORIZATION

NAME: ____________________________________________________
FIRST               MIDDLE               LAST

NAME: ____________________________________________________
FIRST               MIDDLE               LAST

ADDRESS: ____________________________________________________
__________________________________________________________

CITY                                        STATE                              ZIP

SOCIAL SECURITY # ______/_____/______

DATE OF BIRTH _____/_____/_____

SOCIAL SECURITY # ______/_____/______

DATE OF BIRTH _____/_____/_____

I (WE) hereby give permission to pull my (our) credit report for the purposes of my (our) application for assistance in regards to my (our) home or my (our) loan through The Housing Council at PathStone.

All information will be kept confidential between the Counselor and myself. I further understand that The Housing Council at PathStone will be held harmless for information received in this credit report.

Both signatures are required if joint report is requested.

___________________________________________                ____/____/____
Signature                                                                                Date

___________________________________________                ____/____/____
Signature                                                                                Date

* This will appear as an inquiry only.
**Conflict of Interest**

It is the agency's policy to prohibit its employees from engaging in any activity or practice which conflict with the interest of the agency or its clients. The conflict of interest policy requirements are as follows:

1. Employees and members of their immediate families are prohibited from accepting gifts, moneys, and gratuities from persons receiving benefits or services under agency programs, from anyone performing services under a contract with the agency, or from anyone who is in a position to benefit from the action of any employee or a board member, under circumstances from which it might reasonably be inferred that the purpose of the gift is to influence the employee in the conduct of the agency's business with the donor. Such gifts should be returned with a note of explanation or converted into a charitable donation to the agency as a whole by transferring the gift and information as to the situation in which the gift was received to the Personnel Officer for disposition. Employees are not, however, prohibited from accepting advertising novelties such as pens, pencils, calendars or other gifts of nominal value ($50.00) when circumstances clearly show that the gifts are offered for reason of personal esteem and affection, and for which a brief note of receipt and the reason for the gift are recorded with the Personnel Officer. Some positions may be prohibited from accepting any gift as instructed by the Executive Director.

2. No employee shall act in a manner, which would cause a reasonable person, having knowledge of the relevant circumstances, to conclude that any person can improperly influence or unduly enjoy his/her favor in the performance of their duties because of kinship, rank, position or undue influence of any party or person. It shall be unreasonable to so conclude if such employee has disclosed in writing the facts, which would otherwise lead to such a conclusion.

3. No employee shall participate in or represent the agency in a particular matter in which to his knowledge s/he, his/her immediate family or partner, a business organization in which s/he is serving as officer, director, trustee, partner or employee, or any person or organization with whom he is negotiating or has any arrangement concerning prospective employment, has a financial interest.

Further, various contracts to which the agency is a party may impose specific conflict of interest requirements. These must be adhered to. This includes, but is not limited to funders such as U.S. Department of Housing and Urban Development, New York State Division of Housing and Community Renewal, New York State Affordable Housing Corporation, Federal Home Loan Bank of New York, and the City of Rochester which requires that the agency and its employees abide by the following:

4. Neither agency nor any of its contractors or their subcontractors shall enter into any subcontract, or arrangement, in connection with HUD or other funders that sponsor programs in which any of the following classes of persons has an interest, direct or indirect, during tenure or for one year thereafter:
   i. Any present or former member or officer of the agency;
   ii. Any employee of the agency who formulates policy or who influences decisions with respect to the programs;
   iii. Any public official, member of a governing body, or state or local legislator who exercises functions or responsibilities with respect to the programs.
Any members of the classes described above must disclose their interest or prospective interest to the agency, funders, or HUD. The requirements of this paragraph may be waived by HUD or other funders for good cause.

5. No employee shall, directly or indirectly, give, offer, or promise anything of value to any representative of any financial institution in connection with any transaction or business that the agency may have with such financial institutions.

6. No employee shall use or attempt to use his/her position at the agency to secure for him/herself or others unwarranted privileges or exemptions, which are of substantial value and which are not properly available to similarly situated individuals.

Applicant’s Signature  _____________________________

Co-Applicant’s Signature  _____________________________

Date _____________
Services Provided: The Housing Council at PathStone provides housing counseling, publications for sale, temporary financial assistance to renters and grant subsidies to first time homebuyers.

Purpose of Housing Counseling. I/We understand that the purpose of the housing counseling program is to provide one-one-one counseling to help clients address problems that prevent affordable mortgage financing. The counselor will analyze the mortgage default, and explain the collection and foreclosure process. The counselor will also assist client in communicating with the mortgage servicer and other creditors. The counselor will analyze clients financial and credit situation, identify those barriers preventing them from obtaining affordable mortgage financing, 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. Group counseling is provided to landlords, tenants, first time homebuyers and homeowners. 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 correcting those issues preventing affordable mortgage financing.

Eligible Criteria. I/We understand that the counseling agency provides housing counseling assistance to clients in person and over the phone. I/We understand that if it is determined my/our issues need the assistance of another agency, that you may be referred to another agency.

Group Education Classes. I/We understand that as part of the housing counseling program, I/We will be required to attend group pre and post homeownership education classes, landlord, rental or tenant education classes depending on what counseling services I/We are requesting.

Client’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.

Disclosures. I/We understand The Housing Council at PathStone is committed to offering clients a variety of product choices. I/We further understand that The Housing Council at PathStone, Inc. is also affiliated with PathStone Corporation who also offers housing counseling services, loan products and financial assistance programs. I/We understand there is no obligation to use PathStone's products or programs; and that counseling services are not contingent on use of any particular product or service. I/We understand that I/We have the right to accept or decline services or products from any The Housing Council at PathStone referral. The Housing Council at PathStone receives funding for housing counseling from: CCSI, Inc., Town of Irondequoit, Monroe County, City of Rochester, Center for New York City Neighborhoods, New York State Attorney General's Office, Bank of America, Neighborworks® America, and United Way.
**Client Choices.** I/We understand The Housing Council at PathStone is committed to offering clients a variety of product choices. I/We understand there is no obligation to use products or services of The Housing Council at PathStone or its partners. I/We understand that I/We are free to choose a product or abstain from doing so, and that receiving housing counseling services from the agency is not contingent on the use of any product or service.

**Alternative Services, Programs and Products.** The Housing Council at PathStone Counselors, as appropriate, refers clients to other community service organizations that may offer financial counseling, homeownership education, voucher programs (Section 8), adult and child care programs, homeless interventions and other housing assistance. Clients are provided with a community resource list which outline emergency shelter programs, financial assistance, transitional housing information, free medical assistance as well as other programs and resources offered in The Housing Council at PathStone, Inc. service area.

This is to acknowledge that I have received, reviewed, and understand The Housing Council at PathStone’s Counseling Program Disclosure.

_________________________  _______________________
Client Signature       Date

_________________________  _______________________
Client Signature       Date

_________________________  _______________________
Counselor Name       Date
PRIVACY POLICY

The Housing Council at PathStone values your trust and is committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information.

It is The Housing Council at PathStone’s policy not to provide any personal information about you to any bank, Credit Card Company, insurance companies or other financial institution without your written permission. The Housing Council at PathStone does provide our Funders with statistical/demographic information regarding the families participating in any of the The Housing Council at PathStone Programs. The information provided to Funders is for monitoring purposes only to ensure that The Housing Council at PathStone is in compliance with all state and federal regulations governing non-profits. Your Social Security number or any other sensitive information about you is never released to any organization without your written consent. The Housing Council at PathStone will use personal information such as your name and address internally for sending out correspondence such as The Housing Council at PathStone quarterly newsletter, Building Blocks, invitations to special events or to notify you about upcoming workshops.

Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information, and financial debts. It also includes your social security number and the information that you have provided us on any Intake Form, applications or forms you have completed.

Information We Collect
The Housing Council at PathStone collects personal information to support our Homebuyer Education Programs, Economic Development, Employment and Training Services, Section Eight Programs, Health and Safety, and any other PathStone related services. We collect personal information about you from the following sources:

• Information we receive from you on any initial intake form or application,
• Information about your transactions with us, our affiliates or others,
• Information we receive from a consumer reporting agency, and
• Information that we receive from personal and employment references.

Information We Disclose
The Housing Council at PathStone may disclose these kinds of personal information about you:

• Information we receive from you such as your name, address, social security number, employer, occupation, assets, debts and income, etc;
• Information about your transaction with us, our affiliates or others, such as your account balance, payment history, and parties to your transactions, and
• Information we receive from a consumer-reporting agency, such as your credit bureau reports, your credit history and your credit worthiness.
To Whom Do We Disclose

The Housing Council at PathStone may disclose your personal information to the following types of unaffiliated third parties:

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible. This includes, but is not limited to The Department of Housing and Urban Development, the Homeowner Protection Program, the City of Rochester, the County of Monroe, and the Towns of Irondequoit, The United Way, Five Star Bank, Neighborworks® America, M&T Bank, Citizen’s Bank, Key Bank, Affordable Housing Corp., and NYS Homes and Community Renewal.

- Others, such as nonprofit organizations involved in community development, but only for the purpose of program review, auditing, research and oversight purposes.

Confidentiality and Security

The Housing Council at PathStone restricts access to personal information about you to those of our employees who need to know that information to provide products and services to you and to help them do their jobs, including underwriting and service of loans, making loan decisions, aiding you in obtaining loans from others, financial counseling and grant approval. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. We use locked files, user authentication software to protect your information.

Directing Us Not to Make Disclosures to Unaffiliated Third Parties

No action is required by you at this time if you wish to permit information sharing as described above.

If you prefer that we not disclose personal information about you to any organization, you may opt out of those disclosures; that is, you may direct us not to make those disclosures (other than disclosure permitted by law) by notifying The Housing Council at PathStone in writing to exclude all personal information about you.

Your written statement instructing The Housing Council at PathStone not to share personal information about you must include your full name(s), current address and social security number. Please allow approximately 30 days from our receipt of your signed statement for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change. Send your letter to:

The Housing Council at PathStone
Attn: Susan Boss
75 College Avenue 4th Flr
Rochester NY 14607
### Monthly Income

<table>
<thead>
<tr>
<th>Employer 1</th>
<th>GROSS</th>
<th>NET</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer 2</td>
<td>GROSS</td>
<td>NET</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer 3</td>
<td>GROSS</td>
<td>NET</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer 4</td>
<td>GROSS</td>
<td>NET</td>
</tr>
<tr>
<td>SSI</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veterans Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Comp</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other 2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Total Gross Income W/Food Stamps |       |
| Total Gross Income N/Food Stamps |       |
| Total Net Income W/Food Stamps   |       |
| Total Net Income N/Food Stamps   |       |

### Monthly Expenses

<table>
<thead>
<tr>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortgage 1</td>
</tr>
<tr>
<td>Mortgage 2</td>
</tr>
<tr>
<td>Car Loan</td>
</tr>
<tr>
<td>Other 1</td>
</tr>
<tr>
<td>Other 2</td>
</tr>
<tr>
<td>Other 3</td>
</tr>
<tr>
<td>Other 4</td>
</tr>
<tr>
<td>Other 5</td>
</tr>
<tr>
<td>Other 6</td>
</tr>
<tr>
<td>Heat and Electric</td>
</tr>
<tr>
<td>Telephone, Cell Phone and Pager</td>
</tr>
<tr>
<td>Water</td>
</tr>
<tr>
<td>Cable TV and Internet</td>
</tr>
<tr>
<td>Garbage</td>
</tr>
<tr>
<td>Car Insurance</td>
</tr>
<tr>
<td>Health and Dental Insurance</td>
</tr>
<tr>
<td>Life Insurance</td>
</tr>
<tr>
<td>Home Owner Insurance</td>
</tr>
<tr>
<td>Real Estate Tax</td>
</tr>
<tr>
<td>Car Gas and Maintenance</td>
</tr>
<tr>
<td>Parking and Bus Fare</td>
</tr>
<tr>
<td>Child Care</td>
</tr>
<tr>
<td>Alimony and Child Support</td>
</tr>
<tr>
<td>Doctor Bills and Prescriptions</td>
</tr>
<tr>
<td>Clothes and Shoes</td>
</tr>
<tr>
<td>Groceries, School and Work Lunch</td>
</tr>
<tr>
<td>Entertainment, Gifts and Cigarettes</td>
</tr>
<tr>
<td>Clubs and Sports</td>
</tr>
<tr>
<td>Donations</td>
</tr>
<tr>
<td>Home Repairs</td>
</tr>
<tr>
<td>Security System</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

| Total Monthly Expenses |       |
MORTGAGE RELEASE LETTER

Date:

To:

Regarding Mortgage Loan Number:

Mortgagor (s):

Social Security #: 

Property Address:

I/We authorize you to release information from my records in order to assist me in resolving a mortgage default or any other pertinent issue with my mortgage to The Housing Council at PathStone, Inc. The Housing Council at PathStone, Inc. is a non-profit, HUD approved housing counseling agency. Formerly, The Housing Council in the Monroe County Area Inc. This authorization remains in effect until borrowers calls to revoke it. The last four (4) numbers of our Tax ID is 1179, if needed.

Mortgagor Signature: ________________________________

Mortgagor Signature: ________________________________

Phone Number: (585) 546-3700
Fax Number (585) 546-2946

Counselor Name:  Anita Bryant  ext. 3030
                Chris Schello  ext. 3011
                Johanna Lopez ext. 3015
                Lisa Sassone  ext. 3023
                Luann Brink  ext. 3004
                Trisha Isaman ext. 3006