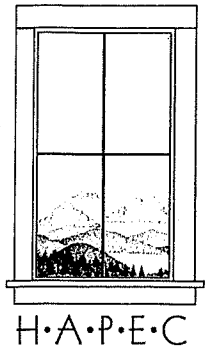


# Housing Assistance Program of Essex County, Inc.



## Client/Counselor Contract

The Housing Assistance Program of Essex County, Inc. and its counselors agree to provide the following services:



- Explanation of collection and foreclosure process
- Budget and credit analysis
- Develop a spending plan
- Analysis of the mortgage default, including the amount and cause of default
- Presentation and explanation of reasonable options available to the homeowner
- Assistance in communication with the mortgage servicer and other creditors, when needed
- Timely completion of promised action
- Identification of assistance resources
- Referrals to needed resources
- Confidentiality, honesty, respect, and professionalism in all services

I/We, \_\_\_\_\_

Agree to the following terms:

- 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 within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment
- I/We will contact the counselor about any changes in our situation immediately.
- I/We will inform the counselor about any resolution agreement I/we make with the mortgage servicer.
- I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

Homeowner: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Homeowner: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Counselor: \_\_\_\_\_

Date: \_\_\_\_\_