



Program Disclosure Form

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: U SNAP BAC Housing Counseling Agency (USB HCA) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). **As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures and initial, sign, and date the form on the following page.**

Client and Counselor Roles and Responsibilities:

Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> • Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history. • Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal. • Preparing a household budget that will help you manage your debt, expenses, and savings. • Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. • Neither your counselor nor USB HCA employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> • Completing the steps assigned to you in your Client Action Plan. • Providing accurate information about your income, debts, expenses, credit, and employment. • Attending meetings, returning calls, providing requested paperwork in a timely manner. • Notifying U SNAP BAC HCA or your counselor when changing housing goal. • Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended. • Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.

Termination of Services: Failure to work cooperatively with your housing counselor and/or U SNAP BAC with result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.

Initials

Agency Conduct: No USB HCA employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

Agency Relationships: USB HCA has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, NeighborWorks America, USDA Rural Development, the State of Michigan, Wayne County, and banks including Bank of America, Flagstar, First Merchants Bank and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of USB HCA or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: USB HCA has a first-time homebuyer program developed in partnership with Bank of America. However, you are not obligated to participate in this or other USB HCA programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA) for first-time homebuyer loan programs, and **Matrix Human Services or Wayne Metro** for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources: You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products identical to those offered by USBHCA and its exclusive partners and affiliates.

Initials

Privacy Policy: I/we acknowledge that I/we received a copy of USB HCA's Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree USB HCA, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in USB HCA counseling; and I hereby release and waive all claims of action against USB HCA and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, USB HCA, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with USB HCA grantors such as HUD or NeighborWorks America.

I/we acknowledge that I/we received, reviewed, and agree to U SNAP BAC NPHC HCA's Program Disclosures.

Name Signature Date

Name Signature Date

Counselor Signature Date