

## COVID-19 INTAKE

Dear Client,

Thank you for contacting Parkview Services' Mortgage Default Program for assistance. Below is a **COVID-19** intake and a list of documents for you to complete and return. Please understand, not every lender currently has a **COVID-19** process in place, however Parkview will diligently work with homeowners and the lenders COVID19 ever evolving processes. Once we have received and reviewed your documents, you will be contacted to discuss next steps.

Remember for **COVID-19** you **MUST** provide a signed and dated hardship letter detailing how **COVID-19** is impacting your ability to make your mortgage payment.

### **PLEASE PROVIDE THE FOLLOWING:**

- Complete intake application with disclosures
- Hardship letter **DETAIL HOW YOU WERE IMPACTED BY COVID-19 SIGN AND DATE**
- Copy of last months pay
- Copy of last 2 months bank statements (all pages)
- Copy of your current mortgage statement
- Copy of your most recent utility bill

**Please mail or e-mail the above documents OR fax 206-745-1011**

Parkview Services  
Attn: **COVID-19 INTAKE**  
17544 Midvale Ave N. Ste.  
LL Shoreline, WA 98133

intake@parkviewservices.org

## APPLICATION • MORTGAGE INFORMATION • BUDGET WORKSHEET

Referral Sources:

 Mailing Address: *(If different from property address)*

BORROWER	CO-BORROWER
Full Name:	Full Name:
Social Security Number:     ---     ---	Social Security Number:     ---     ---
Date of Birth:     /     /           Gender (M/F):	Date of Birth:     /     /           Gender (M/F):
Mobile or Daytime Number: <i>(Pacific Time) With Area Code*</i>	Mobile or Daytime Number: <i>(Pacific Time) With Area Code*</i>
Secondary Phone Number:	Secondary Phone Number:
Email Address:	Email Address:
<b>Additional Contact Name:</b>	<b>Additional Contact Name:</b>
Phone:	Phone:

### PROPERTY INFORMATION

Property Address:	
City, State ZIP:	County:
Is this property your primary residence? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Is this property vacant or condemned? <input type="checkbox"/> Vacant <input type="checkbox"/> Condemned <input type="checkbox"/> Neither Vacant nor Condemned	
Type of Property: <input type="checkbox"/> Single Family <input type="checkbox"/> Condo <i>(Duplex Variations / Other*)</i> : <input type="checkbox"/> 2-Unit <input type="checkbox"/> 3-Unit <input type="checkbox"/> 4-Unit <input type="checkbox"/> 5 or more Units	
Who is your Homeowner Insurance Policy with?	Phone:
Who pays your Homeowner Insurance Policy? <input type="checkbox"/> I Do <input type="checkbox"/> Lender Does	

BORROWER DEMOGRAPHICS	CO-BORROWER DEMOGRAPHICS
ETHNICITY	ETHNICITY
<input type="checkbox"/> Hispanic or Latino <i>(Check one or more)</i> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> Hispanic or Latino <i>(Check one or more)</i> <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino: <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I do not wish to provide this information
RACE	RACE
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian:	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander:
<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information	<input type="checkbox"/> White <input type="checkbox"/> I do not wish to provide this information
Preferred Language:	Preferred Language:
Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes	Are you a Veteran? <input type="checkbox"/> No <input type="checkbox"/> Yes

HOUSEHOLD DEMOGRAPHICS		
<b>Number of People in Household:</b>	Numbers of Dependents:	Age(s) of Dependents:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Household Type (check only one): <input type="checkbox"/> Single Adult <input type="checkbox"/> Male-Headed Single Parent Household <input type="checkbox"/> Married without Dependents <input type="checkbox"/> Two or More Unrelated Adults <input type="checkbox"/> Female-Headed Single Parent Household <input type="checkbox"/> Married with Dependents <input type="checkbox"/> Other Household Type (describe):		
Household Head: <input type="checkbox"/> Borrower <input type="checkbox"/> Co-Borrower <input type="checkbox"/> Neither		
Highest Educational Level of Borrower (check only one): <input type="checkbox"/> No H.S. Diploma <input type="checkbox"/> GED Diploma <input type="checkbox"/> Vocational Certificate <input type="checkbox"/> Doctorate <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Some College – Never Graduated <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree		
Are you a Migrant Farm Worker? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are you a Colonias Resident? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is the Co-Borrower Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes
DELINQUENCY		
If current, are you likely to fall behind? <input type="checkbox"/> No <input type="checkbox"/> Yes		Amount of Arrears: \$
Delinquency Reason (check only one): <input type="checkbox"/> Reduction in income <input type="checkbox"/> Medical issues <input type="checkbox"/> Divorce/separation <input type="checkbox"/> Increase in loan payment <input type="checkbox"/> Poor budget management skills <input type="checkbox"/> Loss of income <input type="checkbox"/> Increase in expense <input type="checkbox"/> Death of family member <input type="checkbox"/> Business venture failed <input type="checkbox"/> Other delinquency reason, (describe):		
Delinquent Loan(s): <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third (Other/Lien)		
<b>Notice of Default Date:</b> /        /		<b>Trustee Sale Date :</b> /        /
Bankruptcy Status: <input type="checkbox"/> Discharged <input type="checkbox"/> Yes, Chapter 7 <input type="checkbox"/> Yes, Chapter 13 <input type="checkbox"/> Yes, Other <input type="checkbox"/> Never Filed		
Have you previously received a modification under the government's Making Home Affordable Program? <input type="checkbox"/> No <input type="checkbox"/> Yes		
FIRST MORTGAGE INFORMATION		
Current Loan Servicer:		Date Loan Originated (M/D/Y):
Current Balance Owed \$		Current Servicer Loan Number:
Annual Property Taxes \$		Current Principal and Interest (monthly) \$
Annual Homeowner's Insurance \$		Are Property Taxes Escrowed? <input type="checkbox"/> No <input type="checkbox"/> Yes
Monthly HOA/Condo Fees: \$		Is Homeowner's Insurance Escrowed? <input type="checkbox"/> No <input type="checkbox"/> Yes
Product Type: <input type="checkbox"/> Fixed Rate <input type="checkbox"/> ARM <input type="checkbox"/> Hybrid ARM(3/27) <input type="checkbox"/> Hybrid ARM(2/28) <input type="checkbox"/> Option ARM <input type="checkbox"/> Other (describe)		
Current Interest Rate %:		Have you received a loan modification in the past 6 months? <input type="checkbox"/> No <input type="checkbox"/> Yes
If ARM, has rate on ARM reset? <input type="checkbox"/> No <input type="checkbox"/> Yes		Is this an Interest only loan? <input type="checkbox"/> No <input type="checkbox"/> Yes
Mortgage Type: <input type="checkbox"/> FHA <input type="checkbox"/> VA <input type="checkbox"/> Conventional <input type="checkbox"/> Privately-held <input type="checkbox"/> USDA		
If conventional, is the mortgage owned or guaranteed by Fannie Mae or Freddie Mac? <input type="checkbox"/> No <input type="checkbox"/> Yes		
Status of Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121+ days late		
HOME EQUITY LINE OF CREDIT (HELOC)    SECOND MORTGAGE		
Current Lender or Servicer:		Date Loan Originated (M/D/Y):
Loan Number:		Amount of Arrears: \$
Original Loan Amount: \$		Current Balance Owed: \$
Current Interest Rate % :		Monthly Payment: \$
Status of Second Loan: <input type="checkbox"/> Current <input type="checkbox"/> 30-60 days late <input type="checkbox"/> 61-90 days late <input type="checkbox"/> 91-120 days late <input type="checkbox"/> 121+ days late		

HOUSEHOLD INCOME AND ASSETS					
BORROWER			CO-BORROWER		
Employer	Start date: / /		Employer	Start date: / /	
Name:			Name:		
Address:			Address:		
City	State	Zip	City	State	Zip
Type of Business:			Type of Business:		
Business Phone:			Business Phone:		
MONTHLY INCOME BEFORE TAXES (GROSS)			MONTHLY INCOME BEFORE TAXES (GROSS)		
Base Salary: \$			Base Salary: \$		
Other Income: (please list what kind & amount)			Other Income: (please list what kind & amount)		
Kind	Amount \$		Kind	Amount \$	
Kind	Amount \$		Kind	Amount \$	
MONTHLY INCOME AFTER TAXES (NET)			MONTHLY INCOME AFTER TAXES (NET)		
Base Salary: \$			Base Salary: \$		
Other Income: (please list what kind & amount)			Other Income: (please list what kind & amount)		
Kind	Amount \$		Kind	Amount \$	
Kind	Amount \$		Kind	Amount \$	
OTHER MONTHLY INCOME			OTHER MONTHLY INCOME		
Retirement	\$		Retirement	\$	
Disability	\$		Disability	\$	
Social Security	\$		Social Security	\$	
Rental Income	\$		Rental Income	\$	
Child Support	\$		Child Support	\$	
Alimony	\$		Alimony	\$	
Food Stamps	\$		Food Stamps	\$	
Cash Assistance	\$		Cash Assistance	\$	
Unemployment	\$		Unemployment	\$	
ASSETS			ASSETS		
Available Cash	\$		Available Cash	\$	
Checking	\$		Checking	\$	
Savings	\$		Savings	\$	
Other Assets	\$		Other Assets	\$	

## MONTHLY EXPENSES

Home		Transportation	
Mortgage Payment / HOA	\$	Gasoline	\$
Water / Sewer / Trash	\$	Car Insurance	\$
Electric / Natural Gas / Oil	\$	Parking	\$
Netflix / Hulu	\$	Public Transportation	\$
Phone	\$		
Internet / Cable	\$		

Education	
Tuition / Supplies / Other	\$

Medical Expenses	
Health Insurance	\$
Co-pays / Medical Expenses	\$
Prescriptions	\$

Miscellaneous	
Cigarettes / Beverages	\$
Clothing / Shoes	\$
Pet Expenses	\$
Dining Out / Fast Food	\$
Other _____	\$

Family	
Day Care / Baby Sitters	\$
Alimony / Child Support	\$

Donations	
Charities / Religious	\$

Food	
Food / Groceries	\$

Debt / Obligations	Monthly Payment	Current Balance	Credit Card / Creditor
Credit Card #1	\$	\$	
Credit Card #2	\$	\$	
Credit Card #3	\$	\$	
Installment Loan #1	\$	\$	
Car Loan #1	\$	\$	
Car Loan #2	\$	\$	
Other Credit Report Debt	\$	\$	

<b>BORROWER SIGNATURE</b>		<b>DATE:</b>
<b>CO-BORROWER SIGNATURE</b>		<b>DATE:</b>

## PARKVIEW SERVICES FEE ACKNOWLEDGEMENT NOTICE

I hereby am made aware that there may indeed be third party costs for which I am responsible to pay.

### **MEDIATION FEES**

The Foreclosure Fairness Act states that eligible parties seeking mediation must pay a fee for this service. The fee is due and payable directly to the mediator before the mediation and additional fees will be due prior to extensions and / or continuances.

**There ARE NO fee waiver policies associated with this cost.**

### **CERTIFIED MAIL COSTS**

If you dispute your Mortgage Servicer's application of your scheduled periodic payments, you may elect to send a form to get an accurate accounting and pay history. Certified mail appears to be the preferred methodology for this and may impose an additional cost on you.

**There ARE NO fee waiver policies with this cost.**

### **APPRAISAL/BPO COSTS**

Sometimes it is necessary to dispute one or more inputs used in your Mortgage Servicer's denial or approval. If this issue arises you may need to make a payment to your real estate professional for a BPO (Broker Price Opinion) and/or to an independent Appraiser to assess the valuation of your property.

**There ARE NO fee waiver policies with this cost.**

Parkview Services tries to anticipate the fees and costs associated with the services we provide. Parkview Services does not receive any kickback or referral fee by any third party service provider.

This list is not exhaustive, and is intended to clarify that you may have to pay a fee in conjunction with the no-cost advocacy we provide to you.

Respectfully,

Parkview Services

## DISCLOSURE AND PRIVACY STATEMENT

I, \_\_\_\_\_ understand that Parkview Services provides foreclosure intervention counseling after which I will receive a written Action Plan consisting of recommendations for handling my finances, possibly including referrals for services within Parkview Services or with another agency. I understand that Parkview Services receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and various other sources as such; it is required to share some of my personal information with NeighborWorks America, the Department of Housing and Urban Development, the Washington State Housing Finance Commission, or their agents for the purposes of program monitoring, management, compliance, and evaluation. I give permission for NFMC program administrators and/or their agents to follow-up with me between now and December 31, 2020 for the purposes of program evaluation. I understand that client files, electronic and paper are kept confidential. Our agency ensures the confidentiality of each client's personal and financial information including credit reports, whether the information is received from client or from another source. Hard copies of client files are kept in a locked filing cabinet and electronic client files are kept secure and only accessible by authorized employees.

**I acknowledge the following:**

- 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
- 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
- I understand that Parkview Services provides information and education on numerous loan products and housing programs and I further understand I am not obligated to receive any other services offered by Parkview Services and/or any of its affiliates/partners
- I understand that the housing counseling I receive from Parkview Services in no way obligates me to choose any of these particular loan products or housing programs

I understand that Parkview Services is required to fully disclose potential and actual conflicts of interest so that I am in a position to make fully informed decisions.

I understand that Parkview Services or one of its foreclosure intervention counselors may have one of the following conflicts through referral or in fact:

We receive Federal Neighborhood Stabilization Program funds to, redevelop and sell both bank and government owned properties to provide affordable housing for people with disabilities; we receive financial support from mortgage servicers or investors.

**I understand the housing counseling I receive from Parkview Services in no way makes me obligated to use any of the services offered to me.**

**PRIVACY POLICY**

Parkview Services is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will not be provided to creditors, program monitors, and others without your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

**TYPES OF INFORMATION THAT WE GATHER ABOUT YOU**

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, demographic information and income documentation
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage
- Information we receive from a credit reporting agency, such as your credit history

\_\_\_\_\_  
Borrower's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Co-Borrower's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Signature

The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement.

\_\_\_\_\_  
Counselor's Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

**YOU MAY “OPT-IN” FOR CERTAIN DISCLOSURES**

You have the opportunity to “opt-in” for disclosures of your nonpublic personal information to third parties (such as your creditors), that is, allow us to make those disclosures.

If you choose to “opt-in”, we will be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to our “opt-in” policy, you will need to notify us in writing and call **206.542.6644** to do so.

However, if you do not “opt-in”, this will affect our ability to provide mortgage default services to you. To “opt-in”, e-mail: **intake@parkviewservices.org** or write us at: **17544 Midvale Avenue North, Suite LL, Shoreline, Washington 98133**.

Non-affiliated third parties are entities that are not owned nor controlled, in whole or in part, nor are they a subsidiary of, Parkview Services. However, these third party entities are essential to our ability to provide mortgage default intervention services to you. You are not obligated to receive any other services offered by Parkview Services and/or any of its affiliates/partners.

**RELEASE OF YOUR INFORMATION TO THIRD PARTIES**

If you “opt-in”, 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. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process). Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**OPTING IN FOR DISCLOSURES**

By signing this form below: I/We hereby choose to “opt-in” for disclosures of my non-public personal information to third parties as previously described.

**CLIENT / COUNSELOR CONTRACT**

***Parkview Services and its counselors agree to provide the following services:***

- ✓ Development of 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 communicating with the mortgage servicer and other creditors
- ✓ Timely completion of promised action
- ✓ Explanation of collection and foreclosure process
- ✓ Identification of assistance resources
- ✓ Referrals to needed resources
- ✓ Confidentiality, honesty, respect and professionalism in services

**I/We, agree to the following terms of service:**

1. I/We will always provide honest and complete information to my/our counselor, whether verbally or in writing.
2. I/We will provide all necessary documentation and follow-up information within the timeframe requested.
3. 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.
4. I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
5. I/We will contact the counselor about any changes in my/our situation immediately.
6. I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.
7. I/We understand that the assistance Parkview Services provides to us is financial counseling only and by making application for our services does not guarantee a loan modification from the mortgage servicer or financial assistance.

**I understand that, in addition to Foreclosure Intervention counseling, Parkview Services also provides the following types of services:**

- ✓ Pre-Purchase Counseling
- ✓ Down Payment Assistance
- ✓ Mortgage Delinquency and Default Counseling
- ✓ Affordable Rental Housing for People with Developmental Disabilities

Borrower’s Printed Name	Date	Borrower’s Signature
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Co-Borrower’s Printed Name	Date	Co-Borrower’s Signature
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The undersigned verifies that the client was fully informed of the information contained herein and understood its nature. The client has given verbal authorization and acknowledgement.

Counselor’s Printed Name	Date	Counselor’s Signature
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## National Foreclosure Mitigation Counseling Program Combined Privacy Act Notice

We are committed to ensuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within the limitations of law. Please read carefully the disclosures and acknowledgements, below.

### **SOCIAL SECURITY NUMBERS**

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in this Foreclosure Mitigation Counseling program if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

### **OTHER PRIVATE DATA**

All data we may ask about you is private data on individuals. Except for your social security number, providing and agreeing to share your private data is mandatory for participation in this Foreclosure Mitigation Counseling Program under the terms of the federal grant from NeighborWorks that funds the program. If you do not agree to allow us to share the data with the entities identified below, we will not be able to provide foreclosure mitigation counseling.

Client(s) hereby explicitly instruct Parkview Services to share information as required.

We will share the data only with the following entities or their representatives for the purposes of program management, compliance monitoring, and program evaluation:

- Staff of this organization who need it to work on your case.
- NeighborWorks America, the entity mandated by Congress to account for how the program funds are used and determine the program's effectiveness, or its authorized representatives.
- The Washington State Housing Finance Commission, the recipient of the grant for this program.
- Fannie Mae if applicable.
- Any other entities properly authorized under law to view it.

### **SHARING DATA WITH CREDITORS**

Sharing some of your personal financial information with creditors may be necessary to effectively help you resolve your financial difficulties. If you agree that we may share private data, such as information on your total debt, income, living expenses and personal information concerning your financial circumstances with your creditors, program managers, and staff working on your case, please indicate your approval by signing below.

If you agree to allow us to collect and share information as described above, please indicate your approval with your signature, below.

Client must sign **if information was provided by face-to-face counseling session.**

Borrower's Name	Borrower's Signature	Date
Co-Borrower's Name	Co-Borrower's Signature	Date

**Verbal Authorization is acceptable if information was provided to client by non-face-to-face counseling session**

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained herein and understood its nature and intended use of the released information.

Client's Name	Counselor's Signature	Date
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**NOTICE TO COUNSELOR:** *Even if information was reviewed during a telephone counseling session, you must still mail the "Combined Privacy Act Notice" to client. If the client chooses not to sign this form or provide verbal authorization, the Counselor may not provide NFMC Counseling services.*

**AUTHORIZATION TO RELEASE /**  
**OBTAIN INFORMATION TO / FROM CREDITOR**

Date: \_\_\_\_\_ Loan No. \_\_\_\_\_  
Servicer, Creditor, Attorney, Lender

\_\_\_\_\_  
Borrower(s)  
Name: \_\_\_\_\_ Property Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir or Madam:

I/We am/are working with Parkview Services, a Washington State Housing Finance Commission and HUD approved non-profit housing counseling agency, on a plan to resolve my delinquency and/or imminent default. I/We hereby authorize you to release any and all information concerning my account to Parkview Services at their request.

I/We further authorize you to discuss my case with Loren Shekell, Maile Smith, Marc Cote, Monique Patzer, Rebecca Saeter, Rosaline Pillay, Shelley Doran, Sue Stevenson with Parkview Services; Lisa Debrock with the Washington State Housing Finance Commission and Katherine Mauchamer with the Attorney General of Washington State. They are working collectively to help me address my financial hardship and to propose a loss mitigation plan which is within your guidelines including, but not limited to, retention and non-retention options.

All future requests may be released to Parkview Services without further authorization. Thank you for your time.

**THIS CONSENT SHALL EXPIRE 24 MONTHS  
AFTER THE DATE SHOWN ABOVE**

\_\_\_\_\_  
Signature of Borrower                      Date                      Social Security No. of Borrower

\_\_\_\_\_  
Signature of Borrower                      Date                      Social Security No. of Borrower

Date Creditor Acknowledges Receipt: \_\_\_\_\_

Parkview Services Tax ID Number is 91-0828809

## AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Parkview Services to release/exchange information from my records in order to assist me.

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

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

The doctrine of informed 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.

\_\_\_\_\_  
Borrower's Name

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Borrower's Name

\_\_\_\_\_  
Co-Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Name

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

### **CONFIDENTIALITY AND SECURITY**

We restrict 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 job, including underwriting and servicing of loans and/or down payment assistance, making loan decisions, aiding you in renting or obtaining loans from others, and financial counseling. 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 and detection software to protect your information. Our safeguards comply with federal regulations to guard your personal information.