

PARKVIEW HOMEOWNERSHIP PROGRAM

Thank you for choosing Parkview Services for your housing counseling needs. Below you will find a list of documents we require completed, signed and submitted from the borrower/homeowner prior to scheduling your one on one appointment. I look forward to working with you and helping with your refinance.

Please fill out all the forms, sign them, and return them to me along with:

- Last years W2**
- Proof of your income**
(2 months of pay-stubs and/or current Social Security award letter)
- Last 2 Months Bank Statements** (all pages must be provided)
- Copy of current Utility bill**
(Preferably one utility bill such as electricity or waste)
- Lender Contract Information**

PLEASE REMOVE ALL STAPLES BEFORE SUBMITTING YOUR DOCUMENTS!

Once we receive your complete package we can schedule a time to meet. At that time we can discuss what down payment assistance your family qualifies for and determine the best option to proceed.

Feel free to call us if you have any questions. We look forward to working with you.

Sincerely,

Loretta Cael

Director of Homeownership

(509) 861-3330

(877) 541-9846

loretta@parkviewservices.org

HOUSING COUNSELING INTAKE FORM

Parkview Services is a non-profit corporation designed to facilitate homeownership for potential first-time home buyers with disabilities. Parkview Services is an Equal Housing Opportunity Provider that is sanctioned by the U.S. Department of Housing & Urban Development (HUD) as a "Housing Counseling Agency". The purpose of this Application is to meet HUD reporting requirements as well as to determine whether you meet eligibility requirements for Parkview Services and/or mortgage lending standards. Your information is confidential.

THIS APPLICATION IS 5 PAGES IN LENGTH. THE COVER PAGES ASSIST PARKVIEW SERVICES MEET HUD REPORTING REQUIREMENTS. IF YOU CHOOSE PARKVIEW SERVICES TO GUIDE YOU THROUGH THE HOMEOWNERSHIP PROCESS (INCLUDING REFINANCING YOUR MORTGAGE), THE COVER PAGE WILL BE THE FIRST PAGE OF YOUR HOME LOAN AND/OR PRE- PURCHASE COUNSELING RECORD.

CLIENT	CO-CLIENT
Full Name:	Full Name:
Date of Birth: / / Gender (M/F):	Date of Birth: / / Gender (M/F):
Mobile or Daytime Number: <small>With Area Code*</small>	Mobile or Daytime Number: <small>With Area Code*</small>
Email Address:	Email Address:
SSN:	SSN:
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced

CLIENT CURRENT ADDRESS	
Property Address:	
City, State ZIP:	County:
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Date of Move In: / /

CO-CLIENT CURRENT ADDRESS	
Property Address:	
City, State ZIP:	County:
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Date of Move In: / /

Former address, if less than 2 years at current residence:

CLIENT FORMER ADDRESS	
Property Address:	
City, State ZIP:	County:
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Date of Move In: / /

CO-CLIENT FORMER ADDRESS	
Property Address:	
City, State ZIP:	County:
Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent \$ _____	Date of Move In: / /

Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.



CLIENT DEMOGRAPHICS		CO-CLIENT 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"/> 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
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	
Education:		Education:	
CITIZENSHIP			
Were You Born an America Citizen?			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, Country of Birth:		If No, Country of Birth:	
HOUSEHOLD INCOME			
Number of People in the household:		Number of People in the household:	
Total Household Income: \$		Total Household Income: \$	

LEGAL DEPENDANTS				
(Family members and/or others who will be residing at the residence)				
Name	Age	Gender M / F	Relationship	Claim as Dependent on Taxes
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SPECIAL NEEDS	
<input type="checkbox"/> Interpretation/Translation Services	Language:
<input type="checkbox"/> Someone in my household is a person with disabilities as defined by the Americans with Disabilities Act of 1990.	
<input type="checkbox"/> Someone in my household is a person with developmental disabilities as defined by the Developmental Disabilities Assistance and Bill of Rights Act of 2000.	
<input type="checkbox"/> Wheel Chair Access	<input type="checkbox"/> Other (<i>Please Describe</i>):

Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.



INCOME			
(Include ALL household income regardless of the amount or the frequency you receive it.)			
COUNSELING CLIENT		CO-COUNSELING CLIENT	
Employment		Employment	
Hourly Wage: \$	Hours Per Week:	Hourly Wage: \$	Hours Per Week:
Monthly Salary: \$	Annual Salary: \$	Monthly Salary: \$	Annual Salary: \$
Overtime Wage: \$	Monthly: \$	Overtime Wage: \$	Monthly: \$
Commissions/Bonus: \$	Part-Time Income: \$	Commissions/Bonus: \$	Part-Time Income: \$
Other Sources		Other Sources	
Social Security Benefits:	\$	Social Security Benefits:	\$
Dividends/Interest:	\$	Dividends/Interest:	\$
Net Rental Income:	\$	Net Rental Income:	\$
Alimony*:	\$	Alimony*:	\$
Child Support*:	\$	Child Support*:	\$

TOTAL MONTHLY INCOME \$	TOTAL MONTHLY INCOME \$
<i>*Attach copy of Final Divorce Decree and/or Child Support Order. Attach other supporting documentation, if applicable.</i>	

PLEASE ANSWER THE FOLLOWING QUESTIONS		
CLIENT	QUESTIONS	CO-CLIENT
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you presently residing in a mutual or public housing project?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you currently on Section 8?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have you been sued for any reason within the past 10 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have you declared bankruptcy within the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have you had property foreclosed upon or given title or deed in lieu thereof in the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you currently party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you obligated to pay alimony, child support or maintenance? <i>If "YES" attach copy of your Final Divorce Decree and/or Child Support Order</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is any part of your down payment contribution borrowed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you a co-maker, endorser, or co-signer on a Note?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Have you had credit problems in the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you a Resident Alien? <i>If "YES" attach copy of Resident Alien Card.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Do you intend to occupy the property as your principle residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are you a first-time home buyer (have not owned or had any interest in a piece of property for the past 3 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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ASSETS			
COUNSELING CLIENT		CO-COUNSELING CLIENT	
Name of Bank		Name of Bank	
Account Number		Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings Balance	\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Balance	\$
Name of Bank		Name of Bank	
Account Number		Account Number	
<input type="checkbox"/> Checking <input type="checkbox"/> Savings Balance	\$	<input type="checkbox"/> Checking <input type="checkbox"/> Savings Balance	\$
Retirement Accounts	\$	Retirement Accounts	\$
Account Number	\$	Account Number	\$
Other assets ()	\$	Other assets ()	\$
Life Insurance Net Cash Value	\$	Life Insurance Net Cash Value	\$
Face Amount	\$	Face Amount	\$
TOTAL ASSETS	\$	TOTAL ASSETS	\$

CREDIT & DEBT							
COUNSELING CLIENT				CO-COUNSELING CLIENT			
CREDITOR				CREDITOR			
BALANCE	\$	PER MONTH	\$	BALANCE	\$	PER MONTH	\$
CREDITOR				CREDITOR			
BALANCE	\$	PER MONTH	\$	BALANCE	\$	PER MONTH	\$
CREDITOR				CREDITOR			
BALANCE	\$	PER MONTH	\$	BALANCE	\$	PER MONTH	\$
CREDITOR				CREDITOR			
BALANCE	\$	PER MONTH	\$	BALANCE	\$	PER MONTH	\$
CREDITOR				CREDITOR			
BALANCE	\$	PER MONTH	\$	BALANCE	\$	PER MONTH	\$

ALIMONY, CHILD SUPPORT, AND/OR SEPARATE PAYMENTS:			
COUNSELING CLIENT		CO-COUNSELING CLIENT	
TYPE	MONTHLY PAYMENT	TYPE	MONTHLY PAYMENT
	\$		\$
	\$		\$

TOTAL MONTHLY DEBT	\$	TOTAL MONTHLY DEBT	\$
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Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.



List Any Additional Names Under Which You Have Received Credit In The Past:

(Example with a nickname or a "Jr" or prior married name(s))

COUNSELING CLIENT	CO-COUNSELING CLIENT

AGREEMENT:

By signing below, you represent and warrant that information provided is true and complete and Parkview Services may consider such information as continuing to be true and correct unless a written notice of change is given to Parkview Services by the Undersigned. If any information you provided on the *Application Cover Page* has changed since signing the *Cover Page*, you have updated that information on this *Application*. By signing below you also represent and warrant that you have provided Parkview Services with all documentation deemed applicable within this *Application* to determine your eligibility.

By signing below you authorize Parkview Services to make all inquiries and to obtain such information as Parkview Services deems necessary to verify the accuracy of the statements made in this *Application* to determine the Undersigned's eligibility. This *Application* and all requested documents will be retained by Parkview Services even if participation is not granted.

By signing below, you agree to attend and complete the Parkview Services First-Time Home Buyer Program (classes and counseling) prior to closing on any and all purchase assistance loan(s).

By signing below you agree to provide Parkview Services with a copy of your settlement statement upon closing on your new home.

You certify and declare under penalty of perjury under the laws of the State of Washington that the statements and representations made herein are true and correct.

Parkview Services maintains an up-to-date Grievance Policy. If you feel that Parkview Services's Application and qualification processes have treated you unfairly or if you have any questions, you may contact the Executive Director of Parkview Services in order to request a copy of this Policy.

 Counseling Client

 Date

 Co-Counseling Client

 Date

Parkview Services makes no final determination concerning your ability to meet the lending requirements of any particular lender.



BORROWER BUDGET EXPENSES WORKSHEET			
MONTHLY INCOME ANALYSIS		CURRENT	PROPOSED
A	LIST ALL INCOME		
	List Wage/Salary (Gross) Income		
	Total Wages/Salary Income	\$	\$
B	LIST BENEFIT INCOME (NONTAXABLE)		
	SSI, State SSI Supplement		
	TOTAL BENEFIT INCOME	\$	\$
C	List other Funds Designated Specifically for Mortgage <i>(Attach Documentation)</i>		
	Total Other Funds	\$	\$
D	TOTAL MONTHLY INCOME (A) = (B) + (C)	\$	\$
E	List Other Sources of Support <i>(Dollar Amount or Value of Services)</i>		
	Note: These amounts are included in the income and expense analysis, but may NOT be used to calculate qualifying ratios. Any income sources designated for a specific type of support must also be reflected in monthly expenses on page 2.		
	Personal Home Care Assistant		
	Total Other Sources of Support	\$	\$
F	TOTAL EFFECTIVE INCOME (D)+(E)	\$	\$

Name or Borrower(s) _____

MONTHLY EXPENSE ANALYSIS		CURRENT	PROPOSED <i>*With New Mortgage Payment</i>
G	List All Living Expenses		
	Food		
	Household Supplies		
	Utilities <i>e.g. gas, electric, water, sewer, trash</i>		
	Property Maintenance & Repair		
	Transportation <i>e.g. gasoline, public transit</i>		
	Telephone/Cell phone service		
	Cable Television		
	Clothing		
	Recreational/ Entertainment		
	Health Care		
	Insurance <i>e.g. renters, auto, etc.</i>		
	Taxes <i>e.g. Income, FICA, Personal Property Taxes</i>		
	Other <i>e.g. personal assistance, child care, pet costs, gifts, donations, religious offerings, etc.</i> List here or itemize on separate sheet and enter total amount		
Total Monthly Living Expenses	\$	\$	
H	List Monthly Bills/Debts <i>e.g. Auto Loan, Credit Cards</i>		
	Total Monthly Bills	\$	\$
I	TOTAL NON-HOUSING EXPENSES: ADD (G) + (H)	\$	\$
J	Housing Expenses		
	CURRENT COLUMN Enter current Rent; PROPOSED COLUMN Enter proposed mortgage	\$	\$
K	TOTAL MONTHLY EXPENSES: ADD (I)+ (J)	\$	\$

CLIENT AUTHORIZATION FORM

Client Name: _____

Parkview Services' Counselor Name: **Loretta Cael**

Parkview Services Homeownership Client Authorization for Home Counseling

I would like to participate in your counseling sessions to help me improve my housing situation. I understand that my housing counselor may discuss information about my credit history, financial situation, employment and other information with me and other representatives of financial institutions or agencies, as necessary to assist me in improving my housing situation. I understand that information about my personal circumstances will be treated as totally confidential and that NO information about me will be discussed with anyone not directly involved in our efforts to improve my housing situation.

I hereby authorize my housing counselor to discuss any information related to my personal circumstances that may be necessary in our attempts to improve my housing situation, and to release and/or obtain credit, financial, employment and other information to and/or from other agencies or financial institutions when disclosing this information is essential to the improvement of my housing situation.

It is expressly understood that it is my option to work with the real estate agent and/lender and/or other representatives of my choosing and the housing counseling agency will work with such representatives in assisting me to improve my housing situation.

It is further understood that in consideration of the housing counseling agency's assistance with my housing situation, I agree to hold harmless the housing counseling agency and its agents and/or employees from any and all claims or causes of actions arising, or which may arise from mistakes or errors or omissions in regards to said counseling.

I/we hereby authorize Parkview Services to verify my/our past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process a mortgage loan application or default counseling as the case may be. I/we further authorize Parkview Services to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

Applicant Signature_____
Date_____
Co-Applicant Signature_____
Date_____
Applicant Address_____
City_____
State_____
Zip

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.

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.

Client's Name Printed

Client's Signature

Date

Co-Client's Name Printed

Co-Client's Signature

Date

Counselor (signed)

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.

AUTHORIZATION & PRIVACY POLICY

1. I understand that Parkview Services provides several services including down payment assistance after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that Parkview Services receives funds through the Washington State Housing Finance Commission and indirectly funds from HUD programs and various other sources and, as such, is required to share some of my personal information with HUD and the Washington State Housing Finance Commission and other program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for HUD and the Washington State Housing Finance Commission program administrators and/or their agents to follow-up with me between now and December 31, 2020 for the purposes of program evaluation.
4. 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.
5. I acknowledge that I have previously received a copy of Parkview Services Privacy Policy.

PLEASE NOTE:

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.

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 or can seek the same on your own.

I understand that Parkview Services provides information and education on numerous loan products and housing programs and I further understand I/we are 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.

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; and Information we receive from a credit reporting agency, such as your credit history.

YOU MAY "OPT-IN" OF 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 **206.745.1034** to do so. However, if you do not "opt-in", this will affect our ability to provide homeownership services to you. To "opt-in", e-mail: **privacy@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 homeownership 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

1. 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.
2. 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).
3. 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 OF DISCLOSURES

- By signing this form below: I/We hereby choose to "opt-in" of disclosures of my nonpublic personal information to third parties as previously described.

Print Client's Name

Client's Signature Date

Print Co-Client's Name

Co-Client's Signature Date

Rev. 04.24.19 MDC PAGE 3 OF 3 INITIAL(S) _____

PARKVIEW SERVICES DISCLOSURE STATEMENT

I, _____ understand that Parkview Services provides Pre-Purchase Counseling during which I will receive recommendations for handling my finances, budgeting for the future and possibly including referrals for services within Parkview Services or with another agency.

I understand that Parkview Services receives funding from the Washington State Housing Finance Commission, indirectly through HUD and Congressional funds through the National Foreclosure Mitigation Counseling program and 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 understand that a counselor may answer questions and provide information, but not give legal advice.

I understand that, in addition to Pre-Purchase Homeownership Counseling, Parkview Services also provides the following types of services:

- Foreclosure Intervention Counseling
- Down Payment Assistance
- Mortgage Delinquency and Default Counseling
- Affordable Rental Housing for People with Developmental Disabilities

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 homeownership counselors may have one of the following conflicts through referral or in fact:

We receive Federal Neighborhood Stabilization Program funds to, redevelop, and sell, bank and government owned properties to provide affordable housing for people with disabilities;

We receive financial support from mortgage servicers or investors.

I understand that I may be referred to other 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 and have been advised that I am not obligated to use any of the services offered to me.**

Homeownership Client Printed Name	Homeownership Client Signature	Date
Homeownership Co-Client Printed Name	Homeownership Co-Client Signature	Date

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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FAIR HOUSING ACT OF 1968 ACKNOWLEDGEMENT

I, the undersigned do hereby acknowledge that I have received a copy of,
“Fair Housing – It’s Your Right”

The primary prohibition of the Fair Housing Act of 1968 (& 1988 amendments) makes it unlawful to refuse to sell, rent to, or negotiate with any person because of that person’s inclusion in a protected class.

This pamphlet, published by the Department of Housing and Urban Development, provides basic facts, significant recent changes and what to do if you think your rights have been violated.

Signature

Date

Signature

Date