



2320 Cutting Boulevard tel 510.237.6459  
Richmond, CA 94804 fax 510.237.6482

## Estimado Propietario:

Gracias por seleccionar Neighborhood Housing Services of the East Bay (NHS) como su proveedor de talleres de Pre-Compra y Consejería. East Bay NHS es una corporación 501(c)(3) sin fines de lucro aprobada por HUD que provee consejería habitacional dedicado a crear comunidades vibrantes y la creación de activos que hacen impactos positivos en la vida de las personas.

La finalización exitosa del taller de Pre-Compra y las sesiones del asesoramiento personal le califica para préstamos especiales, programas de asistencia de pago inicial, y listas exclusivas de propiedades para primeros compradores.

Por favor complete la solicitud y provea la siguiente documentación:

1. Copia legible de **licencia de conducir o ID o pasaporte** actualizado por cada solicitante.
2. Un cheque o money order para el pago del Reporte Crédito (\$30 por individual or \$55 por parejas/casados). Para pagar por medio del internet, dirijase al enlace [www.eastbaynhs.org /donate](http://www.eastbaynhs.org/donate), introduzca la cantidad equivalente al costo del reporte de crédito e incluya en el area de "Leave a comment" – Credit Report Fee.
3. Los dos más actualizados y consecutivos talone de cheque salarial o Fuente de ingreso de cada solicitante o personas que sirvan como co-solicitantes en el préstamo para su pre-calificación.
4. Los dos más actualizados y consecutivos estados de cuentas de cheque y ahorro, todas sus páginas.
5. Los dos últimos años de las planillas 1040 y sus anexos de los Impuestos Federales del Ingreso anual, así como las formas W-2, 1099 de cada solicitante o personas que sirvan como co-solicitantes en el préstamo para su pre-calificación. **NO FORMAS DEL ESTADO, por favor.**

Firmela y envíela a nuestras oficinas por fax o correo electrónico, o si así desea personalmente. Una vez recibida será procesada y se le notificara posteriormente el día y la hora de su cita con el consejero certificado para su asesoramiento personal en persona o por teléfono.

Una vez finalizado el taller de Pre-Compra y las sesiones del asesoramiento personal usted recibirá su certificado de completación. Si usted está en el fideicomiso o deposito de garantía y desea acelerar el proceso, por favor envíe su solicitud lo más pronto possible y la información de su oficial de préstamo para recibir el certificado.

Recuerde de completar la forma de Autorización y el acuerdo de reconocimiento para obtener la forma HUD-1. NOTA: Si falta alguna documentación, esta retrasará su certificado y más importante aún la guía personal de consejero, paso a paso.

Llámenos para más información o inquietud; estamos para asistirle.

## NHS of the Eastbay

Q:\NHS Files\Housing Counseling Program\Forms\Modify forms\Welcome PPes-Letter-Workshop-v2016.doc





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[www.eastbaynhs.org](http://www.eastbaynhs.org)

**CONSEJERIA DE PRE-COMPRAS**

Today's Date: \_\_\_/\_\_\_/\_\_\_

SOLICITANTE	Favor de Escribir Claro	CO-SOLICITANTE	Favor de Escribir Claro
<input type="checkbox"/> Femenino <input type="checkbox"/> Masculino      Titulo: <input type="checkbox"/> Sr. <input type="checkbox"/> Sra. <input type="checkbox"/> Srta.		<input type="checkbox"/> Femenino <input type="checkbox"/> Masculino      Titulo: <input type="checkbox"/> Sr. <input type="checkbox"/> Sra. <input type="checkbox"/> Srta.	
Apellido, Nombre		Apellido, Nombre	
Numero de Seguro Social: _____ - ___ - _____		Numero de Seguro Social: _____ - ___ - _____	
Fecha de Nacimiento: ___ / ___ / _____		Fecha de Nacimiento: ___ / ___ / _____	
Dirección:		Dirección:	
Ciudad, Estado, Código Postal		Ciudad, Estado, Código Postal	
Tiempo en esta dirección: _____ Años _____ Meses		Tiempo en esta dirección: _____ Años _____ Meses	
Dirección de Correo Electrónico:      Modo Preferido de Contacto ( )		Dirección de Correo Electrónico:      Modo Preferido de Contacto ( )	
Número Telefónico de Día ( ) Trabajo ( ) Casa ( ) Celular Modo Preferido de Contacto ( )		Número Telefónico de Día ( ) Trabajo ( ) Casa ( ) Celular Modo Preferido de Contacto ( )	
Número Telefónico de Noche ( ) Trabajo ( ) Casa ( ) Celular Preferred ( )		Número Telefónico de Noche ( ) Trabajo ( ) Casa ( ) Celular Preferred ( )	
Estimated Annual Income \$		Estimated Annual Income \$	
<b>Composición Familiar &amp; Estado Civil</b>		<b>Composición Familiar &amp; Estado Civil</b>	
Elegir lo que aplique		Elegir lo que aplique	
( ) Soltero(a) ( ) Casado(a) ( ) Divorciado(a) ( ) Separado(a) ( ) Viudo(a)		( ) Soltero(a) ( ) Casado(a) ( ) Divorciado(a) ( ) Separado(a) ( ) Viudo(a)	
( ) Jefe de Familia ( ) Dos o mas adultos no familiares ( ) Dependientes _____ niños _____ adultos		( ) Jefe de Familia ( ) Dos o mas adultos no familiares ( ) Dependientes _____ niños _____ adultos	
<b>Raza / Ethnicidad</b>		<b>Raza / Ethnicidad</b>	
Elegir lo que aplique		Elegir lo que aplique	
<input type="checkbox"/> Afro-americano <input type="checkbox"/> Hispano <input type="checkbox"/> Blanco, de origen no hispano <input type="checkbox"/> Otro <input type="checkbox"/> Asiático/Islands del Pacifico <input type="checkbox"/> Nació en el Extranjero <input type="checkbox"/> Nativo Americano/ Nativo de Alaska <input type="checkbox"/> Ciudadano Americano <input type="checkbox"/> Residente Permanente		<input type="checkbox"/> Afro-americano <input type="checkbox"/> Hispano <input type="checkbox"/> Blanco, de origen no hispano <input type="checkbox"/> Otro <input type="checkbox"/> Asiático/Islands del Pacifico <input type="checkbox"/> Nació en el Extranjero <input type="checkbox"/> Nativo Americano/ Nativo de Alaska <input type="checkbox"/> Ciudadano Americano <input type="checkbox"/> Residente Permanente	
<b>Situación Actual de Vivienda</b>		<b>Situación Actual de Vivienda</b>	
Elegir lo que aplique		Elegir lo que aplique	
<input type="checkbox"/> Renta <input type="checkbox"/> Propietario <input type="checkbox"/> Sección 8 / Vivienda Publica (asistencia del Estado) <input type="checkbox"/> Con Hipoteca <input type="checkbox"/> Viendo con Familiares/Amigos (no esta pagando renta) <input type="checkbox"/> Hipoteca Pagada <input type="checkbox"/> Sin Hogar <input type="checkbox"/> Prestamos Predatorios Victima <input type="checkbox"/> Otror: _____ <input type="checkbox"/> Otror: _____		<input type="checkbox"/> Renta <input type="checkbox"/> Propietario <input type="checkbox"/> Sección 8 / Vivienda Publica (asistencia del Estado) <input type="checkbox"/> Con Hipoteca <input type="checkbox"/> Viendo con Familiares/Amigos (no esta pagando renta) <input type="checkbox"/> Hipoteca Pagada <input type="checkbox"/> Sin Hogar <input type="checkbox"/> Prestamos Predatorios Victima <input type="checkbox"/> Otror: _____ <input type="checkbox"/> Otror: _____	
<b>Educación &amp; Necesidades Especiales</b>		<b>Educación &amp; Necesidades Especiales</b>	
Elegir lo que aplique		Elegir lo que aplique	
<input type="checkbox"/> Estudios de Primaria o Secundaria <input type="checkbox"/> Discapacitado <input type="checkbox"/> Diploma de High School <input type="checkbox"/> Veterano <input type="checkbox"/> Algo de estudios Universitarios <input type="checkbox"/> Trabajador Migrante de Campo <input type="checkbox"/> Licenciatura <input type="checkbox"/> Idioma nativo: <input type="checkbox"/> Maestría      _____ <input type="checkbox"/> Doctorado      _____		<input type="checkbox"/> Estudios de Primaria o Secundaria <input type="checkbox"/> Discapacitado <input type="checkbox"/> Diploma de High School <input type="checkbox"/> Veterano <input type="checkbox"/> Algo de estudios Universitarios <input type="checkbox"/> Trabajador Migrante de Campo <input type="checkbox"/> Licenciatura <input type="checkbox"/> Idioma nativo: <input type="checkbox"/> Maestría      _____ <input type="checkbox"/> Doctorado      _____	

**Información de empleo de los dos últimos años. (Ingreso SSI, manutención, Retiro, etc.)**

Nombre de los que aportan al hogar	Información de la Compañía	Fechas de Inicio & Final	Ingreso Bruto Anual	Otros Ingresos

**Información de Activos:**

Activos en efectivo	Cantidad/ Valor	Descripción del Activo (Nombre)
Cuenta de Cheque	\$	
Cuenta de Ahorro	\$	
Stocks / Retiro / Cuenta IRA	\$	
Efectivo	\$	
Otros	\$	
Si tiene dinero para el entre, Cuanto?	\$	Origen:

Composición del núcleo familiar, por favor incluya el nombre de todos los que habitan en casa. <i>(Para datos estadísticos)</i>			
Nombre <i>(opcional)</i>	Relación con el aplicante <i>(e.j. niño, esposo/a etc.)</i>	Fecha de nacimiento <i>(Mes, Día, Año)</i>	Edad
	Self	/ /	
		/ /	
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**SERVICIO DE COUNSEJERIA & ACUERDO DE AUTORIZACION**

Yo autorizo a Neighborhood Housing Services (NHS) y a sus consejeros a:

- (a) Discutir y negociar mi solicitud de préstamo o estado de mi hipoteca con el prestamista, abogado, representante y/o la compañía de título;
- (b) Usar y compartir información estadística sobre mi transacción con NeighborWorks® America, HUD o otros proveedores de gobierno en conformidad con el Acta de Privacidad ; y,
- (c) Obtener una copia del HUD-1 / Acuerdo de Liquidación (Settlement Statement), Valoración, y notas de Bienes Raíces de su prestamista y/o la compañía de título que cerro el préstamo, si compré o refinancié.
- (d) Obtener mi/nuestro reporte de crédito para revisar mi/nuestro historial de crédito con fines de recibir consejería relacionada a mi caso de compra de propiedad o consejería de crédito; y para propósitos de investigación de información.

Esta autorización extiende a NHS el derecho de usar copias fotostáticas de mi/nuestras firmas abajo para obtener información sobre cualquiera de los temas mencionados previamente.

**Client and Counselor Roles and Responsibilities:**

Responsabilidades y Roles del Consejero	Responsabilidades y Roles del Cliente
Revisar sus metas habitacionales y financieras; las que incluyen sus ingresos, deudas, activos, e historia crediticia. • Preparar un Plan de Acción del Cliente listando los pasos que usted y su consejero tomaran para obtener los logros necesarios de sus metas habitacionales. • Preparar un presupuesto habitacional que le ayude a manejar sus deudas, gastos, y ahorros. • Su consejero no es responsable por lograr sus metas habitacionales, pero le proveerá de guía y apoyo educacional para sus metas. • Ni su consejero o empleados de NHS, agentes, o directores podrán proveerle de asesoramiento legal.	• Completar los pasos asignados a usted en el Plan de Acción del Cliente. • Proveer una información certera de sus ingresos, deudas, gastos, crédito, y empleo. • Atender reuniones, devolver llamadas, proveer documentos requerimientos a tiempo. • Notificar a NHS o su consejero cuando cambien sus metas habitacionales. • Atender talleres educacionales (i.e. consejería de pre-compra) recomendados. • Conservar un abogado si busca asesoramiento legal y/o representación en cuestiones relacionadas por ejemplo protección al embargo o bancarota.
 _____ <i>Iniciales</i>	<b>Terminación de Servicio: La suspensión de trabajar en cooperación con su consejero habitacional y/o NHS, resultará en la discontinuación del servicio de consejería. Incluido pero no limitado a la ausencia de tres citas consecutivas..</b>

Yo/Nosotros entendemos que cualquier representación intencional o negligente de la información contenida en este formulario puede resultar en una responsabilidad civil y/o responsabilidad criminal bajo las provisiones del Título 18, Del Código del los Estados Unidos, Sección 1001

Nombre del Apicante (Letra de imprenta)

Nombre del Co-Apicante (Letra de imprenta)

Firma del Apicante Fecha

Firma del Co-Apicante Fecha

Número del Seguro Social

Número del Seguro Social

Banco Hipotecario

Agente de Bienes Raices



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## FTHB Participant Budget

Tell Us About Your Regular Living Expenses	Applicant	Co-Applicant
Rent	\$	\$
Electric & Gas bill	\$	\$
Water / Sewer	\$	\$
Garbage	\$	\$
Home phone \$_____ / Cell phone \$_____	Total: \$:	Total: \$
Cable/Sat TV \$_____ / Internet \$_____	Total: \$	Total: \$
Alarm System	\$	\$
Food & Household items	\$	\$
New Clothing \$_____ / Dry Cleaning \$_____	Total: \$	Total: \$
Gas \$_____ / Maint. \$_____ / Toll \$_____	Total: \$	Total: \$
Auto ins \$_____ / Public transp. \$_____	Total: \$	Total: \$
Medical/ Dental/ Life ins pay out of payroll	\$	\$
Medical bill/ prescriptions	\$	\$
Ch care \$____ / Alimony \$____ / Ch Sup \$_____	Total: \$	Total: \$
School expenses	\$	\$
Uniforms	\$	\$
Newspaper/ subscriptions	\$	\$
Union dues pay out of payroll	\$	\$
Charity/ Tithe/ Gifts	\$	\$
	\$	\$
Car Loans payment	\$	\$
Credit Cards payments (list on a separate page)	\$	\$
Student Loans payment	\$	\$
Emergency funds	\$	\$
Savings	\$	\$
Misc	\$	\$
Other	\$	\$
Other	\$	\$
Other	\$	\$
<b>TOTAL LIVING EXPENSES</b>	<b>\$</b>	<b>\$</b>
<b>COMBINED HOUSEHOLD EXPENSES</b>		<b>\$</b>





## PROGRAM DISCLOSURE

*NOTE: If you have 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:** Neighborhood Housing Services of the East Bay(NHS) is a nonprofit, HUD-approved comprehensive housing counseling agency with the following Programs: **Pre-purchase Counseling, Pre-purchase Workshops, Mortgage Delinquency and Default Resolution Counseling, Rental Housing 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"> <li>• Reviewing your housing goal and your finances; which include your income, debts, assets, and credit history.</li> <li>• Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.</li> <li>• Preparing a household budget that will help you manage your debt, expenses, and savings.</li> <li>• Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.</li> <li>• Neither your counselor nor NHS employees, agents, or directors may provide legal advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Completing the steps assigned to you in your Client Action Plan.</li> <li>• Providing accurate information about your income, debts, expenses, credit, and employment.</li> <li>• Attending meetings, returning calls, providing requested paperwork in a timely manner.</li> <li>• Notifying NHS or your counselor when changing housing goal.</li> <li>• Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended.</li> <li>• Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.</li> </ul>
<div style="border: 1px solid black; padding: 5px; text-align: center;">       /        Initials     </div>	<p><b>Termination of Services: Failure to work cooperatively with your housing counselor and/or NHS will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</b></p>

**Agency Conduct:** No NHS 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:** NHS has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, USDA Rural Development, the State of California, Richmond Redevelopment Agency: Mortgage Assistance Programs, BMR units, Richmond Housing Authority: Subsidized Housing, Section 8-to-Homeownership, Mixed-income developments, HOPE VI; Housing Rights Incorporated: a Fair Housing counseling and mediation (HUD-approved) that provides landlord-tenant, multi-language housing counseling.; Community Housing Development Corporation of North Richmond (HUD-approved counseling Agency and CHDO); Contra Costa County Redevelopment Agency: Emergency Repair Loans; Richmond Community Foundation / Sparkpoint; Foreclosure Prevention and credit counseling Programs; The Unity Council – Oakland (HUD-Approved housing counseling agency); Familias Unidas: a community-based organization dedicated to delivering quality counseling, advocacy, and information services, which include: mental health, education and prevention, youth development, and HIV/AIDS services to the multicultural communities of Contra Costa County; Office of U.S. Representative Mark

DeSaulnier (CD-7 Contra Costa); Office of Supervisor John Gioia (District #1 – Contra Costa County) and The Veterans Resource Program: Veteran temporary shelter and banks including Bank of America, Wells Fargo, and JP Morgan Chase. As a housing counseling program participant, you are not obligated to use the products and services of NHS or our industry partners.

**Alternative Services, Programs, and Products & Client Freedom of Choice:** NHS has a first-time homebuyer program developed in partnership with several lenders. However, you are not obligated to participate in this or other NHS 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 CAL HFA 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 NHS and its exclusive partners and affiliates.


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

 \_\_\_\_\_  
Initials

**Errors and Omissions and Disclaimer of Liability:** I/we agree NHS, 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 NHS counseling; and I hereby release and waive all claims of action against NHS 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, NHS, 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 NHS grantors such as HUD.

***I / We authorize NHS and its counselors to share statistical information about my transaction with HUD or other government and private non-profit entities funders in conformance with the privacy act.***

 Client \_\_\_\_\_  
Date \_\_\_\_\_

 Client \_\_\_\_\_  
Date \_\_\_\_\_

**I / We acknowledge that I / We received, reviewed, and agree to NHS's Program Disclosures and understand that NHS may receive fees or grants in connection with my transaction. I also acknowledge that I can request a list of current donors and that my counselor will disclose if there is a transaction-based grant or fee or other potential conflict related to the services I / We receive.**

 Client \_\_\_\_\_  
Date \_\_\_\_\_

 Client \_\_\_\_\_  
Date \_\_\_\_\_



## PRIVACY POLICY AND PRACTICES OF Eastbay Neighborhood Housing Services, Inc.

We at Eastbay Neighborhood Housing Services, Inc. - value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. 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 other information that you have provided us on any applications or forms that you have completed.

### Information We Collect

We collect personal information to support our lending operations, financial fitness counseling and to aid you in shopping for and obtaining a home mortgage from a conventional lender. We collect personal information about you from the following sources:

- ❖ Information that we receive from you on applications or other forms,
- ❖ 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

We may disclose the following kinds of personal information about you:

- Information we receive from you on applications or other forms, such as your name, address, social Security number, employer, occupation, assets, debts and income;
- Information about your transactions 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 creditworthiness.

### To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans,
- Others, such as nonprofit organizations involved in community development, but only for program Review, auditing, research and oversight purposes, organizations and institutions with affiliations to Section 8 programs.

We may also disclose personal information about you to third parties as permitted by law. Prior to sharing personal information with unaffiliated third parties, except as described in this policy, we will give you an opportunity to direct that such information not be disclosed.

### 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 jobs, including underwriting and servicing of loans, making loan decisions, aiding you in 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.

## Directing Us Not to Make Disclosures to Unaffiliated Third Parties

If you prefer that we not disclose personal information about you to unaffiliated third parties, you may opt out of those disclosures, that is, you may direct us not to make those disclosures (other than disclosures permitted by law).

- If you wish to opt out of disclosures **to unaffiliated third parties** other than nonprofit organizations involved in community development, you may check Box 1 on the attached Privacy Choices Form.
- If you wish to opt out of disclosures **to nonprofit organizations** involved in community development that are used only for program review, auditing, research and oversight purposes, you may check Box 2 on the attached Privacy Choices Form.

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### PRIVACY CHOICES FORM

If you want to opt out, that is direct us not to make disclosures about your personal information (other than disclosures permitted by law) as described in this notice, check the box or boxes below to indicate your privacy choices. Then send this form to the address listed below.

- Box 1 - Limit disclosure of personal information about me to unaffiliated third parties other than nonprofit organizations involved in community development.
- Box 2 - Limit disclosure of personal information about me to nonprofit organizations involved in community development that are used only for program review, auditing, research and oversight purposes.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If you have checked any of the boxes above,  
please mail this form in a stamped envelope to:

**Neighborhood Housing Services of the Eastbay  
2320 Cutting Blvd., Richmond, CA 94804**

\_\_\_\_\_  
Name Signature Date Name Signature Date

Please allow approximately 30 days from our receipt of your Privacy Choices Form for it to become effective. Your privacy instructions and any previous privacy instructions will remain in effect until you request a change.

RELEASE: I hereby authorize Neighborhood Housing Services of the Eastbay to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.

\_\_\_\_\_  
Name Signature Date Name Signature Date