FLORIDA POST PURCHASE COUNSELING PROGRAM

Please find enclosed our Foreclosure Prevention and Intervention Program Application. It is important that you complete the application in full so that we may be better prepared to discuss ways to assist you. Since time is critical in preventing the possibility of Foreclosure, you must complete and return the application as soon as possible. Due to the high volume of applications, please note that processing time may take 1 - 3 weeks.

You **MUST** include the following documents for your application to be processed: (INCOMPLETE applications will **not** be processed!)

- Hardship Letter (each borrower must sign, print, and date the letter)
- **Pay stubs** for most recent **60 days** earnings for each borrower
- Award Letter evidencing the receipt of SSI/SSDI, pension, child support, alimony OR other public assistance received by borrower(s)
- **Two** most recent bank statements for each bank account held by the borrower and/or borrower(s) all pages, all accounts
- Copies of most recent utility bills (electric preferably)
- Current mortgage statement AND most recent correspondence received from your lender

**DO NOT SEND ORIGINAL DOCUMENTS**

In addition to the documents listed above, please sign, date, and return the completed application to Tampa Bay Community Development Corporation via mail, email, fax or hand delivery. In order to conduct a proper evaluation of your present situation, we must obtain a credit report prior to your initial appointment. You may submit a recent copy of your credit report along with your completed application (report date must be within 30 days of your initial appointment). **Should you not have a recent copy of your credit report TBCDC can order your credit report at time of initial appointment for a $5.80 fee per applicant. CREDIT REPORT(s) are necessary for all initial appointments.** We accept cash, money order, or personal check. After your completed application is received and processed, we will contact you to schedule the initial appointment with one of our advisors.

Thank you and we look forward to being of service,

**Joseph Goulart**
Management
Tampa Bay Community Development Corporation

*A non-profit housing counseling program providing guidance, education and support to Tampa Bay area residents.*
Client Information Form

Pre-Purchase Homebuyer Counseling  Credit Repair
Post Purchase / Foreclosure Counseling  Budgeting/Debt Reduction

APPLICANT INFORMATION

Applicant Name: ____________________________________________
First    MI    Last

Current Address: ____________________________________________ City/ Zip: ________________________________
(P.O. Box Not Accepted)

Name of Apartment Complex (if applicable): ________________________________________________________________

Marital Status: □ Single  □ Engaged  □ Married  □ Divorced  □ Widowed

Race/National Origin: □ American Indian/Alaskan  □ African American  □ Asian American
□ Hispanic/Latino  □ White  □ Other

Gender: □ Male  □ Female  Head of Household: □ Yes  □ No  Active Military □  Veteran □  Disable □

Age: _______ Date of Birth: ___________ Household Size - Number of Adults: _____ Number of Children: _____

Home Phone: ___________________ Cell Phone: ___________________ Work Phone: ___________________

E-mail: ___________________________________________ How Did You Hear about Us? ___________________

CO-APPLICANT INFORMATION

Co-Applicant Name: ____________________________________________
First    MI    Last

Current Address: ____________________________________________ City/ Zip: ________________________________
(If same as above, list “Same”)

Name of Apartment Complex (if applicable): ________________________________________________________________

Marital Status: □ Single  □ Engaged  □ Married  □ Divorced  □ Widowed

Race/National Origin: □ American Indian/Alaskan  □ African American  □ Asian American
□ Hispanic/Latino  □ White  □ Other

Gender: □ Male  □ Female  Head of Household: □ Yes  □ No  Active Military □  Veteran □  Disable □

Age: _______ Date of Birth: ___________ Household Size - Number of Adults: _____ Number of Children: _____

Home Phone: ___________________ Cell Phone: ___________________ Work Phone: ___________________

E-mail: ___________________________________________ How Did You Hear about Us? ___________________
Applicant’s Name: __________________________________________________________________________

First Lender’s Name: ___________________________ Acct # ___________________________

Loan Bal. $ ______________ Original Date of Loan ______________ Original Amount of Loan $ ______________

Type of loan (FHA, Conventional, Adjustable) ___________________________ Interest Rate ______________

Current Monthly Payment $ ______________ # of Months Past Due _______ Total Amount Past Due $ ______________

Does Payment Include Taxes and Insurance? _________

Second Lender’s Name: ___________________________ Acct # ___________________________

Loan Bal. $ ______________ Original Date of Loan ______________ Original Amount of Loan $ ______________

Type of loan (FHA, Conventional, Adjustable) ___________________________ Interest Rate ______________

Current Monthly Payment $ ______________ # of Months Past Due _______ Total Amount Past Due $ ______________

Predatory Loan Review
* When you purchased your house, do you feel you were a victim of loan fraud or abusive lending? □ Yes □ No
* Did you understand all the Terms and Conditions of the loan? □ Yes □ No

Loan Modification / Foreclosure Rescue Scams
* Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer/postcard? □ Yes □ No
* Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? □ Yes □ No

EMPLOYMENT INFORMATION

Applicant:
Name of Employer _____________________________________  Position _______________________________________
Gross Annual Income $ _________________________________ Dates of Employment_____________________________

Co-Applicant:
Name of Employer _____________________________________  Position _______________________________________
Gross Annual Income $ _________________________________ Dates of Employment_____________________________

Other Household Income:
Name of Recipient_____________________________________ Source ________________________________________
Gross Annual Income $ _________________________________

Total Gross Household Income: $ ____________________ □ hourly □ weekly □ bi-weekly □ monthly □ yearly
(Include all sources of income: Salary, SSI/SSD, Unemployment, Child Support, etc. from ALL household members.)

I CERTIFY THIS INFORMATION _____________________________     ______________________________
TO BE TRUE AND CORRECT.
Applicant ’s Signature        Date          Co -Applicants Signature     Date

FOR TAMPA BAY CDC USE ONLY

MFI CALCULATION:  HH SIZE ________________ TOTAL HH INCOME $ ________________ MFI ________________

GROSS ___________________________ NET ___________________________

FUNDING SOURCE:    □ Pinellas County □ City/Clearwater □ City/Largo □ City/St. Pete
                      □ FHFC □ HUD □ Other
AUTHORIZATIONS TO RELEASE PERSONAL & FINANCIAL INFORMATION

LENDER'S INFORMATION

Lender's Name: ______________________________________
Account Number: ______________________________________
Attention To: ______________________________________
Fax Number: ______________________________________

BORROWER'S INFORMATION

Borrower's Name: ______________________________________
Borrower's Address: ______________________________________
City, State, Zip ______________________________________
Borrower's SS #: ______________________________________

To Whom It May Concern:

With receipt of this written authorization, I (we) hereby authorize you to release personal or financial information, which may be contained in your files regarding the above, named persons or accounts. Release of information may be verbal, written, email or by FAX transmission and released to representatives of:

Tampa Bay Community Development Corporation
2139 N.E. Coachman Rd., Suite 1
Clearwater, FL 33765

I further authorize Tampa Bay CDC to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our present situation. I understand that the information may be shared with volunteer advisors and/or lenders in an effort to determine eligibility for a workable solution to prevent foreclosure.

Tampa Bay CDC is a HUD certified counseling agency, providing services in Florida, and I am requesting their assistance in resolving a current or threatened mortgage deficiency problem. Your cooperation with them in this matter will be greatly appreciated.

_____________________________________       __________________________________         ___________________
Borrower's Signature      Co-Borrower's Signature    Date
MONTHLY INCOME AND EXPENSES

Applicant's Name: ___________________________________________________________
Co-Applicant’s Name: ________________________________________________________

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<thead>
<tr>
<th>Monthly &quot;Take Home&quot; Income</th>
<th>Monthly Expenses</th>
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<tbody>
<tr>
<td>Applicant:</td>
<td>Mortgage (P&amp;I)</td>
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<td>Taxes $</td>
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<td>2nd job/PT/Overtime $</td>
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<td>Pension/SS/VA $</td>
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<td>Water/Sewer/Trash $</td>
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<td>Public Assistance $</td>
<td>Electric $</td>
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<td>Other Income $</td>
<td>Phone $</td>
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<td>Cell Phone $</td>
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<td>Co-Applicant:</td>
<td>Cable $</td>
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<tr>
<td>Salary (1st job) $</td>
<td>Internet $</td>
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<tr>
<td>2nd job/PT/Overtime $</td>
<td>Car Payment #1 $</td>
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<tr>
<td>Pension/SS/VA $</td>
<td>Car Payment #2 $</td>
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<td>Credit Card(s) $</td>
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<tr>
<td></td>
<td>Other #1 $</td>
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<tr>
<td>TOTAL NET INCOME $</td>
<td>Surplus/Deficit $</td>
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</table>

Applicant’s Signature ___________________________________________ Date ______________________
Co-Applicant’s Signature _________________________________________ Date ______________________
POST PURCHASE COUNSELING AGREEMENT

1. I understand that Tampa Bay Community Development Corporation (TBCDC) provides foreclosure mitigation counseling 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 TBCDC receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.

3. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and the end of the program for the purposes of program evaluation.

4. I acknowledge that I have received a copy of TBCDC’s Privacy Policy.

5. 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.

6. 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.

7. I understand that TBCDC provides information and education on other housing programs and I further understand that the housing counseling I receive from TBCDC in no way obligates me to choose any of these particular housing programs.

8. In addition, I agree to the following terms of service:
   • I will always provide honest and complete information to my counselor whether verbally or in writing.
   • I will provide all necessary documentation and follow-up information within the timeframe requested.
   • I will be on time for appointments and understand that if I am late for an appointment, the appointment will be rescheduled or will still end at the scheduled time.
   • I will call within 24 hours of a schedule appointment if I am unable to attend an appointment.
   • I will contact the Counselor about any changes in my situation immediately.
   • I understand that breaking this agreement may cause the counseling organization to sever its service assistance to me.

Applicant’s Signature ____________________________________________ Date ______________________
Applied for Printed Name ____________________________________________
PRIVACY POLICY

Tampa Bay Community Development Corporation 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 be provided to creditors, program monitors, and others only with your authorization and signature on the 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, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; tax statements, bank statements; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You have the opportunity to “opt-out” of disclosures of your nonpublic personal information to third parties (such as your creditors), that is directed to us not to disclose.
- If you choose to “opt-out”, we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your “opt-out” decisions, you may contact us in writing at Tampa Bay CDC, 2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765.

Release of your information to third parties

- So long as you have not opted-out, 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 clients 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.

PLEASE RETAIN THESE DISCLOSURES FOR YOUR RECORDS
DO NOT RETURN THIS FORM WITH YOUR APPLICATION
Tampa Bay Community Development Corporation

Housing Counseling Services
2139 N.E. Coachman Road, Suite 1, Clearwater, FL 33765
Phone: (727) 442-7075  •  Fax: (727) 446-8727  www.tampabaycdc.org
A Non-Profit, HUD-Approved Housing Counseling Agency

Tampa Bay Community Development Corporation – 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: Tampa Bay Community Development Corporation (Tampa Bay CDC) is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a full spectrum of housing counseling services including pre-purchase, financial management and budget, credit repair, foreclosure prevention, non-delinquency post-purchase, and reverse mortgage. 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 antidiscrimination 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.

Agency Conduct: No Tampa Bay CDC 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: Tampa Bay CDC has a financial affiliation with HUD, NeighborWorks America, Pinellas County, Pasco County, The City of Clearwater, The City of Largo, The City of St. Petersburg, The City of Tampa and banks including Bank of America, Wells Fargo, and JP Morgan Chase. I agree that Tampa Bay CDC may release information about my membership, to the proper officials, in compliance with these contracts. As a housing counseling program participant, you are not obligated to use the products and services of Tampa Bay CDC or our industry partners.

Alternative Services, Programs, and Products & Client Freedom of Choice: You are not obligated to participate or use any programs and/or services while you are receiving housing counseling from our agency. Your participation in a Tampa Bay CDC program does not obligate or require you to you any series or products that may be suggested, offered, or recommended by Tampa Bay CDC. 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 Tampa Bay CDC and its exclusive partners and affiliates.

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Counselor’s Roles and Responsibilities

• 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 Tampa Bay CDC employees, agents, or directors may provide legal advice.

Client’s Roles and Responsibilities

• 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 Tampa Bay CDC 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.

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

Initials ___/___

Rev. 12/2017
Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Tampa Bay CDC, 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 Tampa Bay CDC’s grantees such as HUD or NeighborWorks America.

Privacy Policy: I/we acknowledge that I/we received a copy of Tampa Bay CDC’s Privacy Policy.

Errors and Omissions and Disclaimer of Liability: I/we agree Tampa Bay CDC, 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 Tampa Bay CDC counseling; and I hereby release and waive all claims of action against Tampa Bay CDC 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.

Authorization to Release Information: I/we hereby authorize Tampa Bay CDC to obtain all information necessary, including a credit report, to assist me/us in an evaluation of our capacity to successfully accomplish, or maintain homeownership. I understand that depending on the type of service received, the information may be shared with realtors, Title Company and/or lenders in an effort to determine eligibility for mortgage financing, and develop a plan to correct qualification deficiencies in the pursuit of a mortgage approval. I/we further authorize our first mortgage lender, Title Company and/or realtor to provide Tampa Bay CDC with copies of any documents from my/our mortgage or real estate file that would assist Tampa Bay CDC in the completion of my file.

Home Inspection Materials: (Home Buyer Education and/or Pre-purchase Counseling Only) By signing below, I/We certify that I/We received the following materials: “For Your Protection Get a Home Inspection” and “Ten Important Questions to Ask A Home Inspector” UNLESS seeking services other than Home Buyer Education or Pre-purchase Counseling in which case these materials are not applicable.

Social Security Number Collection Policy:
Tampa Bay CDC and its funding sources collect your Social Security number for the following purposes: classification of accounts, identification and verification, credit worthiness, billing and payments, data collection, reconciliation, tracking, benefit processing, tax reporting and qualification for grant or loan processing under Section 119.071(5), Florida Statutes (2007). Social Security numbers serve as a unique numeric identifier and may be used for such purposes. I/we acknowledge receipt of the Social Security Number Collection Policy Disclosure.

By signing below, I/we acknowledge that I/we received, reviewed, and agree to Tampa Bay CDC’s Program Disclosures as provided herein.

<table>
<thead>
<tr>
<th>Applicant’s Social Security #</th>
<th>Co-Applicant’s Social Security #</th>
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<tbody>
<tr>
<td>Applicant’s Date of Birth</td>
<td>Co-Applicant’s Date of Birth</td>
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<tr>
<td>Applicant’s Signature</td>
<td>Co-Applicant’s Signature</td>
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<td>Date</td>
<td>Date</td>
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<tr>
<th>Counselor Signature</th>
<th>Date</th>
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Rev.12/2017
We 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 about you to support our housing counseling program 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 for the sole purpose of assisting you with your housing need and for program compliance and audit checks:

- 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.

**Who We Disclose To**
We are required to provide information about you to the Florida Housing Finance Corporation as the funding agency for the Foreclosure Counseling Program and its authorized agents for purposes of data reporting, program compliance and audit purposes.

**Confidentiality and Security**
We restrict access to your personal information to employees who need that information to help them provide services to you, including making loan decisions, aiding you in obtaining loans from others, and financial and foreclosure 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.

**Monitoring for possible fraud**
Monitoring for possible fraud requires the identification of processes, controls and other procedures to mitigate risk, including an effective and secure information system and appropriate monitoring and quality assurance activities. FCP has a fraud/waste reporting system for clients to use if they suspect inappropriate activities occurring. The system can be accessed at: [https://apps.floridahousing.org/StandAlone/OIGWAForm/](https://apps.floridahousing.org/StandAlone/OIGWAForm/).
Purpose of Housing Counseling
I/We understand that the purpose of the Foreclosure Counseling Program is to provide counseling and education to help customers address financial problems that put them at risk of losing their home. The counselor will analyze my/our financial and credit situation, identify problems preventing me/us from making my/our housing payments, and develop a plan to resolve those problems. The counselor will also provide assistance with debt-load management and preparation of a manageable monthly budget plan. I/We further understand that it is not be the counselor’s responsibility to fix the problem for me/us but rather to provide guidance and education to empower me/us to pursue a loan modification or other resolution from my/our lender.

Loan Modification Assistance
As part of participation in the foreclosure counseling program, I/we understand that the counselor will help identify programs that best fit my/our needs. I/we understand that with my/our permission, my/our information will be submitted to my/our lender for consideration of a modification or other resolution options. I/We understand that the counselor will monitor my/our progress to ensure the process runs smoothly and provide assistance as needed. I/We understand that the counseling agency does not guarantee that I/we will receive a loan modification or any other resolution from my/our lender.

Financial Management Education Classes
I/We understand that as part of the foreclosure counseling program, I/we will be required to complete financial management education classes.

Customer’s Responsibility
I/We understand that it is my/our responsibility to work in conjunction with the counseling process and that failure to cooperate will result in the discontinuation of my counseling program. This includes but is not limited to missing three consecutive appointments.

I/We have read and understand our rights and responsibilities detailed on this form.

Applicant’s Signature ___________________________ Co-Applicant’s Signature ___________________________

Date ____________________________________________________________________________ Date ____________________________________________________________________________
# FCP Authorization

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<tr>
<th>Borrower Name</th>
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<table>
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<tr>
<th>Loan Number</th>
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1. I authorize Tampa Bay Community Development Corporation to submit client-level information to the Florida Housing Finance Corporation for the Foreclosure Counseling Program.

2. I authorize the Florida Housing Finance Corporation to open files to be reviewed for program monitoring and compliance purposes.

3. I authorize the Florida Housing Finance Corporation to conduct follow-up with me related to program evaluation.

<table>
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