



Client/Counselor Agreement

Blue Ridge Housing Network, Inc. and its counselors agree to provide the following services:

1. Confidentiality, honesty, respect and professionalism in all services
2. Timely completion of promised action
3. Explanation of the lender's collection procedures and the state foreclosure process
4. Presentation and explanation of reasonable options available to the homeowner based on an analysis of the homeowner's financial situation
5. Guidance in developing a realistic spending plan, based on homeowner decisions and choices in spending
6. Assistance in submitting a loss mitigation package to the mortgage company
7. Explanation of the loss mitigation plan offered by the mortgage company
8. Assistance in escalating any legitimate issues with the mortgage company (This does not include assistance in escalation of cases where the homeowner disagrees with the mortgage company's decision but there is no factual basis for escalation.)
9. Assistance in developing a foreclosure intervention action plan
10. Identification of assistance resources that may be available to the homeowner
11. Referrals to needed resources

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 respond to any phone calls or emails from my/our counselor within 24 hours of delivery of call or email

3. I/We will provide all necessary documentation and follow-up information within the timeframe requested to the counselor and our mortgage company.
4. I/We will be on time for appointments and understand that if we are late for an appointment, the appointment will be rescheduled.
5. I/We will call within 6 hours of a scheduled appointment if I/we will be unable to attend an appointment.
6. I/We will contact the counselor about any changes in our situation immediately.
7. I/We will contact the counselor when the mortgage company contacts us with questions or loss mitigation offers, such as a trial period plan or modification.
8. I/We understand that breaking this agreement may cause the counseling organization to sever its service assistance to me/us.

In Addition

1. I acknowledge I have received a copy of the Blue Ridge Housing Network, Inc. Privacy Policy.
2. I understand the Blue Ridge Housing Network, Inc. will close my case file after three attempts to communicate with me via email, telephone, and/or U.S. postal mail. I also understand that I have the option to request a copy of my file.
3. I understand I am not obligated to utilize any of the services offered me and may be referred to other services offered by the agency or to an outside agency to assist with concerns that may have been identified.
4. Counselors may answer questions and provide information, but will not give legal advice. If I want legal advice, recommendation will be that I seek legal assistance from the appropriate entities.
5. I understand the Blue Ridge Housing Network, Inc. will not make referrals to specific agencies, but will provide me a list of agencies and I will make my own decision.

Homeowner

Date

Homeowner

Date

Counselor

Date