

CREDIT AUTHORIZATION AND CERTIFICATION FOR MUSTARD SEED DEVELOPMENT CENTER

Certification

HUD ID # (office use only)	
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The undersigned certifies the following:

1. I/We understand and acknowledge that MSDC is a financial/HUD housing counseling service offering services to assist in a financial/credit evaluation and not a broker and/or lending institution. I/We also understand that MSDC is not responsible for the ability or inability to obtain/maintain an installment/mortgage loan from my lender/creditor of your choice.
2. I/We understand and acknowledge that this program is not a request by the undersigned to remove, change and/or alter current (and/or future) contracts, credit reporting ratings, and/or payment schedules with credit obligations. MSDC may represent participant by engaging in negotiations with community partners to facilitate repayment plans and all other transactions that do not represent the participant in the form of a legal binding contract. I/We understand that this authorization is only for the purpose of pulling unlimited credit reports to obtain information required by MSDC in order for the undersigned to participate in the counseling program(s). I/We understand that a pull of my credit report is a soft pull and not a hard pull on my credit report.

I/We also acknowledge that MSDC has our permission to use our information (excluding names, creditors, and account numbers that identify) in promotions, classroom and advertisement material at their discretion free to MSDC, to mean we understand we will not receive compensation in any way from such acts.

3. I/We understand that this is **not an application for credit**. If we wish to submit a request for credit we must do so by contacting lender/creditor institutions with a separate written document request. I/We understand that MSDC collaborates with other public/private community institutions and that MSDC is not legally responsible for error and/or loss that results from transactions of our *Community Partners* and/or lenders of choice and that these agencies are independently responsible for their individual loan performance, product specifics, and/or services. We understand that we have the right to choose a lender, realtor, Public Project/Program, Title Company, Home Inspector and/or Insurance agent of our choice which must be kept in compliance with the program requirement and guidelines. We grant permission to MSDC to discuss our information with their partners to achieve better products/services on our behalf knowing we have the right to turn down any offer/product/service made available to me (us) in my (our) behalf by MSDC and/or their partners. Initial Here:

Applicant: _____ Co-Applicant: _____

Credit Authorization to Release Information

To Whom It May Concern:

1. I/We have enrolled in the Financial/Credit Housing Counseling program counseling program offered by Mustard Seed Development Center. As part of the counseling process, MSDC may verify information provided by me/us any documents required in connection with the program.
2. I/we authorize you to provide to MSDC and to its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program, any and all information and documentation that they request. Such information includes but is not limited to, employment history and income: bank, money markets, stocks, bonds, mutual funds, and similar account balances; an unlimited credit history/report and credit approval status; and copies of income tax returns. MSDC also has authorization to act in my/our behalf for correcting information only.
3. MSDC and its *Community Partners* (community-based organizations) who assist in the recruitment and delivery of the counseling program may address this authorization to any party having pertinent information in the delivery of the counseling program.
4. A copy of this authorization may be accepted as an original.

Your prompt reply to Mustard Seed Development Center is greatly appreciated.

Participant Print Name	
X	

Participant Sign Name	Date

Co-Participant Print Name	
X	

Co-Participant Sign Name	Date

_____ / / Social Security Number
_____ / / Social Security Number