



Credit Authorization

I/We _____, give the MCDC, their employees or agents permission to pull a tri-merge credit report for the purpose of the Coatesville Home Ownership Made Easy (C.H.O.M.E) program.

Print First Middle Last Name (suffix ex. Jr, II)

Print First Middle Last Name (suffix ex. Jr, II)

Current Address

Current Address

Previous Address (If less than 5 years)

Previous Address (If less than 5 years)

Social Security Number

Social Security Number

Date of Birth _____
Age

Date of Birth _____
Age

Home Phone Work Phone

Home Phone Work Phone

Applicant Signature

Applicant Signature





Authorization to Release Information

I/We, _____, hereby authorize the Movement Community Development Corporation(MCDC), a non-profit agency, their employees or agents to contact, cooperate and exchange information with Housing Partnership of Chester County, Habitat for Humanity, 2nd Century Alliance, and Open Hearth Inc., their employees or agents. This form shall be valid for ONE YEAR FROM THE DATE OF THIS AUTHORIZATION.

Applicant Signature

Print Name

Date

Applicant Signature

Print Name

Date





Counseling Agreement

In order to qualify for the program, the applicant recognizes the need for counseling and pledges full cooperation with the counselor. The applicant authorizes the counselor to act on her/his behalf in order to improve her/his credit situation and obtain necessary services. The applicant understands that any information that is required to obtain the help needed, must be supplied by the applicant. The applicant authorizes the counselor to obtain other information from outside sources when necessary. The need to exchange information or pass on information with funders of the program is also recognized by the applicant. The counselor pledges to preserve strict confidentiality concerning the applicant and will neither give nor seek information except where others have a right to it. The counselor will make no decisions and take no actions without the knowledge and consent of the applicant. At all times, the counselor will act to protect and promote the best interests of the applicant.

I/We understand that the assistance provided will be free of charge.

I/We understand that the staff providing counseling services will not: 1. break their pledge of confidentiality 2. accept fees from the services they recommend 3. recommend services in which they have a financial interest 4. terminate their counseling relationship without giving the reasons for such termination.

I/We understand that the staff providing counseling services are not attorneys and will not provide legal advice. In consideration for receiving counseling from MCDC employee or agents.

I/We hold their staff to be free and harmless from any claims, damages, liabilities, or injuries arising from these services.

Applicant Signature

Applicant Signature

Date

Date

