



**HOUSING SERVICES**  
M I D M I C H I G A N

*"Opening doors for people in our communities"*

319 South Cochran, PO Box 746  
Charlotte, MI 48813

Phone: (517) 541-1180

Fax: (517) 541-0269

Dial 711 TTY

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

[hsmminfo@hs-mm.org](mailto:hsmminfo@hs-mm.org)

Dear Future Homeowner,

Congratulations! You're one step closer to homeownership. We're thrilled you've chosen to work with Housing Services Mid Michigan to complete your homebuyer education course. Housing Services Mid Michigan is committed to educating and empowering consumers in pursuing affordable housing. In order to complete your online homebuyer education course, you'll need to sign the following documents:

- MSHDA Release of Information
- HUD Program Disclosure Form

After you've signed the documents (either using Adobe Reader to sign them or by printing them) please return them to our office:

- Email: [hsmminfo@hs-mm.org](mailto:hsmminfo@hs-mm.org)
- Fax: (517) 541-0269
- Mail: PO Box 746  
Charlotte, MI 48813

Once we receive the signed documents, one of our certified counselors will contact you to complete the MSHDA required phone session. This session is designed to answer any questions you may still have and discuss locally specific home purchase options (IDA programs, MSHDA down payment assistance, etc.). If you have any questions during the program process, please don't hesitate to contact our office at (517) 541-1180. We hope to hear from you soon,

The HSMM Housing Education Program Team



*"HSMM is an equal opportunity provider"*





**Michigan State Housing Development Authority  
HOUSING EDUCATION PROGRAM  
AGREEMENT and RELEASE OF INFORMATION**

In signing this agreement and release, I/We agree to actively participate in the Housing Education Services being offered by this MSHDA approved agency. I/We understand:

1. A referral to other services of the organization or another agency (as appropriate) may be made 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.
2. That this agency receives funds through MSHDA and HUD and as such, is required to share some of my personal information with program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. That a counselor may answer questions and provide information, but cannot give legal advice. If I want legal advice, I will be referred to an attorney for appropriate assistance.
4. That this agency may provide information on numerous housing programs and loan products and I further understand that the housing services received from this agency in no way obligates me/us to choose any of their particular housing programs or loan products.

**NOTE:** *If you feel you have been unfairly steered or pressured into a certain mortgage loan, real estate, or other housing related service, please contact MSHDA's Housing Education Program at (517)373-6840.*

**CONSENT:** Failure to sign this consent form may result in denial of program assistance or termination of counseling program benefits.

**For Pre-Purchase Education Services only:**

I/We acknowledge the agency provided me/us with both HUD Inspection Documents: "Ten Important Questions to Ask a Home Inspector" and "For Your Protection Get a Home Inspection."

**For Post-Purchase Education Services only:**

I/We hereby allow this Agency its agents, employees, or affiliates to request and obtain income and asset information, mortgage, credit bureau and personal information pertinent to MSHDA's Housing Education Program. I/We allow contact to be made on my/our behalf with representatives from mortgage, attorney, collection and credit bureau companies.

Client's printed name:	Client's signature:	Date signed:
Client's printed name:	Client's signature:	Date signed:
Client's current address:	City:	Zip code:

<b>To be completed by MSHDA Housing Education Program Certified Counselor.</b>		
Agency name: <b>Housing Services Mid Michigan</b>	Agency phone number: <b>(517) 541-1180</b>	
Counselor name: <b>Anne van den Goor</b>	Counselor signature:	Date:

## Housing Counseling Program 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 services, please talk to your housing counselor about arranging alternative accommodations*

**About Us and Program Purpose:** Housing Services Mid Michigan (HSMM) is a nonprofit, HUD-approved housing counseling agency. We provide free education workshops and housing counseling including pre-purchase, foreclosure prevention, rental, and homeless 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.**

Counselor Roles and Responsibilities	Client 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 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 debts, 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 HSMM 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 HSMM or your counselor when changing housing goals.</li> <li>Attending educational workshop(s) as recommended.</li> </ul>

**Termination of Services: Failure to work cooperatively with your housing counselor and/or HSMM will result in the discontinuation of counseling services. This includes, but is not limited to, three unsuccessful attempts to contact you.**

                      
Initials

**Agency Conduct:** No HSMM 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 and Quality Assurance:** HSMM receives funds through MSHDA, HUD, and/or NFMC programs and as such, is required to share some of your personal information with program administrators or their agents for the purposes of program monitoring, compliance, and evaluation. In order to assess client satisfaction and in compliance with grant funding requirements, HSMM, 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 HSMM grantors such as HUD or MSHDA.

**Alternative Services, Referrals, Community Resources & Client Freedom of Choice:** You are not obligated to participate in other HSMM programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Center for Financial Health, MSU Extension, and MSHDA. 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 HSMM and its exclusive partners and affiliates.

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

                      
Initials

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

**I/we acknowledge that I/we received, reviewed, and agree to HSMM's Program Disclosures.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date