



Realizing life's potential

Data Release form and Third Party Authorization

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing the form or accessing information about our housing counseling, please talk to your housing counselor about arranging alternative accommodations.

You hereby authorize and instruct JVS Financial Education counselors (JVS) and/or its assigned agents to Speak with other professionals as listed below in order to achieve your financial and housing goals:

- Lenders Banks Mortgage Servicers
- Debt Collectors Landlords/ Condo Association Board or staff
- Property Management Companies Social Service Agencies
- Counseling Agencies

You hereby authorize JVS to share your credit report and any information that you provided (including any computations and assessments produced) with the entities listed below in order to help JVS determine your viable financial options and appropriate referrals to support your Action Plan.

Entities such as mortgage lenders and/or counseling agencies may contact your JVS counselor to evaluate the options for which you may be eligible. In connection with such valuation, you authorize the credit reporting and/or financial agencies to release information and cooperate with your JVS counselor. No information will be discussed about you with entities not directly involved in your efforts to improve your housing situation.

You hereby specifically prohibit communication with _____

You hereby authorize release of your information to program monitoring organizations of JVS including but not limited to Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes. In addition, you authorize JVS to have your credit report pulled two additional times to conduct program evaluations and/or monitor your progress toward attaining your financial goals as stated in your Action Plan created with your JVS housing counselor. You agree to keep JVS informed of any changes in address, telephone number, job status, marital status, and any financial information, and any other information pertinent to the Client Action Plan created with my JVS counselor.

I understand that I may withdraw this authorization at any time, by notifying JVS in writing and that my withdrawal of authorization will be honored. Communication with any other individual will not be made unless and until I authorize such communication in writing.

_____ Date: _____
Client Signature

_____ Date: _____
Co-Client Signature