CREDIT REPORT AUTHORIZATION AND PRIVACY DISCLOSURE FORM

Prosperity Unlimited, Inc.

I hereby authorize and instruct Prosperity Unlimited, Inc. (hereinafter "Prosperity") to obtain and review my credit report. My credit report will be obtained from a credit reporting agency chosen by Prosperity. I understand and agree that Prosperity intends to use the credit report for the purpose of evaluating my financial readiness to rent, to purchase a home and/or to engage in post-purchase counseling activities.

My signature below also authorizes the release to credit reporting agencies of financial or other information that I have supplied to Prosperity in connection with such evaluation. Authorization is further granted to the credit reporting agency to use a copy of this form to obtain any information the credit reporting agency deems necessary to complete my credit report. In addition, in connection with determining my ability to obtain a loan/rent, etc.,

☐ Yes, I authorize
☐ No, I do not authorize

Prosperity Unlimited, Inc. to share with potential mortgage lenders, housing partnering organizations and/or counseling agencies information from my credit report and any information that I have provided, including any computations and assessments that have been produced based upon such information. These lenders/ organizations may contact me to discuss loans/services for which I may be eligible, and these counseling agencies may contact me to discuss counseling services.

I understand that I may revoke my consent to these disclosures by notifying Prosperity in writing.

_____	_____
Client's Name (Print)	Client's Name (Print)
_____	_____
Client's Signature	Client's Signature
_____	_____
Social Security Number	Social Security Number
_____	_____
Date	Date

Prosperity Unlimited, Inc. in collaborative partnership with Lake Norman CDC Privacy Policy

Prosperity Unlimited, Inc. and the Lake Norman CDC are committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the **Disclosure and Authorization Agreement.** We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we/I gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income.
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- You can "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- You may opt-out of this requirement, but proof of your decision to opt-out must be recorded in your client file.
- If you choose to "opt out", we will not be able to answer questions from your creditors. If at any time you wish to change your decision with regard to your "opt-out", you may call us at 704-933-7405 and do so.

Release of your information to third parties

- So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling/ coaching you, or is a requirement of grant awards which make our services possible.
- We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

Client's Name (Print)	Client's Name (Print)
Client's Signature	Client's Signature
Date	Date

Prosperity Unlimited, Inc.
in collaborative partnership with
Lake Norman CDC
Authorization for Release of Information

I (we) hereby authorize Prosperity Unlimited Inc. hereafter known as "Prosperity" ***(INCLUDING ALL COUNSELORS LISTED BELOW EMPLOYED BY PROSPERITY)*** to release/exchange information from my records in order to assist me in my housing needs. This information will be released only to those institutions, companies and agencies that Prosperity believes or I have designated that can provide housing. Examples of such entities include lenders, realtors, public agencies, landlords and other nonprofit organizations. *If necessary, information on file at another entity may also be released to us*. This information release/exchange will be restricted to specific financial data, such as income, budget, debt, credit report or status of mortgage readiness.

I understand that Prosperity a) submit client-level information relating to the **Housing Stability Counseling Program** grant to the **NeighborWorks America Data Collection System (DCS), Department of HUD, NC Housing Finance Agency, Local Government Entities** b) allow funders to open files to be reviewed for program monitoring and compliance purposes, and (c.) allow funders to conduct follow-up with client related to program evaluation.

I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.

I understand that Prosperity may do the following as it is related to the facilitation of down payment assistance (if applicable) from **City of Salisbury, Salisbury CDC, City of Kannapolis, NC Housing Finance Agency or other entities:** a) verify my eligibility, b) submit down payment assistance application that will include personal information, and c) coordinate with lender/closing attorney.

I understand that the provision of some services at this organization is contingent upon my decision concerning the release/exchange of information.
The doctrine of informed consent has been explained to me, and I understand the contents to be released/ exchanged, the need for the information, and that there are statues and regulations protecting the confidentiality of authorized information.

I hereby acknowledge that this consent is voluntary and is valid until such request is fulfilled.

I further acknowledge that I may revoke this consent at any time except to the extent that action based on this consent has been taken. This consent shall expire in **ONE YEAR** from the date shown below. I also acknowledge that a copy of this form is as valid as the original.

_____	_____
Borrower Signature	Co-Borrower Signature
_____	_____
Social Security Number	Social Security Number
_____	_____
Printed Name	Printed Name