



Rushmore Consumer Credit Resource Center
 2310 N Maple Avenue Rapid City, SD 57701
 Phone: 605-348-4550 or 1-800-568-6615 Fax: 605-348-0107
www.cccsbh.com

Statement of Counseling Services

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate understanding of that provision. For simplification the singular is used even when the plural may apply.

_____ I understand that Consumer Credit Counseling Service of the Black Hills (CCCS/BH) will provide a one-on-one confidential comprehensive personal money management interview.

_____ I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor.

_____ I understand there is no charge for financial counseling due to United Way and community support.

_____ I understand that in the event I am dissatisfied I can utilize the Complaint Resolution Process.

_____ I understand that CCCS funding comes from a variety of sources: United Way, grants, set-up fees, monthly administrative fees, and fair share/grants from creditors who participate in the DMP at a rate of 0 to 15%. **I.4.01-a**

_____ I understand my participation in a debt repayment program may change information which is already on my credit report. If my credit report reflects that I have paid creditors as agreed in the past, a Debt Management Program could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future. **I.4.01-b**

_____ I understand that a Debt Management Program is not suitable for all clients; therefore a full array of options will be discussed. I will be given a written assessment outlining a suggested action plan, which will be based on the following options: I will handle any financial concerns on my own, I may choose to enroll in the Agency's Debt Management Program, I will be referred to other services of the organization or another agency as appropriate. I should also be aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors cannot provide legal advice.

_____ I understand that I may choose to enroll in the Agency's Debt Management Program however; the receipt of counseling services does not automatically guarantee participation in debt management programs. In addition, creditors may report that I am on a Debt Management Program and am not paying as originally agreed although they have accepted the reduced payment.

I.4.01-c

_____ I understand that the creditor fair share funding comes from voluntary contributions from creditors who participate in Debt Management Programs (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund the Agency. These contributions are usually calculated as a percentage of payments I make through my DMP. Contributions from creditors range from 0% to 15% or are given as a grant. However, my accounts with my creditors will always be credited with one hundred percent (100%) of the amount I pay through CCCS and will work with all my creditors regardless of whether they contribute to the Agency. **I.4.01-d**

_____ I understand that I as the client have the responsibility to alert CCCS or our Accounts Processing Center to any discrepancies between the organization's statement sent to me and the amount posted on the statement from the creditor. **I.5.05-c**

_____ I understand that DMPs are used for unsecured debt and can be used for secured debt only in very rare instances. I further understand that if I choose to go forward with a DMP that I am granting CCCS permission to contact my creditors to verify obligations and to negotiate adjustments and payments schedules. The DMP includes the development of a payment schedule and a reduced budget for the repayment period.. **Debt Management I.5.01- a, b**

_____ I understand that a DMP serves a dual role in helping me, the client, repay my debts and helping the creditors receive the money owed to them. **Debt Management I.5.04-c**

_____ I understand that if I choose to file for Bankruptcy that the Bankruptcy will affect my credit report. Bankruptcy does not delete accurate information off of a credit report regarding past delinquencies. A bankruptcy is a matter of public record and will be reported in the public record section of my credit report. A bankruptcy will have a negative effect on my credit report and credit score. A potential creditor, landlord, or employer in the future may view this negatively. Depending on the type of bankruptcy filed, a bankruptcy may remain on a credit report for 7 to 10 years.

_____ At sometime in the future, my information may be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request an evaluation of the Agency's services.

Applicant

Counselor

Applicant

Date



Revised 12/9/09

Statement of Housing Services

Housing clients please read the following statements carefully. For all other clients please turn to the other side of this paper. For simplification the singular is used even when the plural may apply.

I understand that the purpose of the home ownership assessment, counseling and education programs offered by Consumer Credit Counseling Service of the Black Hills (CCCS) is to counsel me regarding qualifying for a home mortgage and informing me about the home purchase and financing process. I understand that CCCS may make recommendations to me regarding lenders, which may suit my needs.

I understand that CCCS is not an agent for any lender. I understand that even if CCCS believes I may not qualify for a loan, I have the right to submit an application to any lender.

I understand that completion of CCCS home ownership assessment, counseling, and education programs does not guarantee that a lender will approve any loan application submitted by me to a lender.

I also understand that completion of CCCS home ownership assessment, counseling, and education programs, and CCCS referral to a lender is not a commitment by the lender to make me a loan. I understand that only the lender can make such a commitment after receipt of a loan application completed by me.

I understand that in the event I am dissatisfied with this service I can utilize the Complaint Resolution Process.

I understand that CCCS receives funding from various sources including HUD grants, Debt Management revenue, the United Way, Creditor Fair Share and community support.

At sometime in the future, my information may be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request and evaluation of the organization's services.

___ I give permission for CCCS to share information about my situation to _____
for a period of _____ months.

Client: _____ Date: _____

Client: _____ Date: _____

Also sign the other side of this form.

Revised 12/4/09





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CREDIT REPORT REVIEW – ORDER FORM –NO CHARGE-Individual Report

To get a copy of your credit report and have a personal review session with a CCCS counselor, please read & complete this form.

What to bring with to your appointment:

- this completed form
- valid photo-identification

Please Print

Full Name: _____
 SSN: _____ Date of Birth: _____
 Current Address: _____
 Previous Address: _____
 Home Phone: _____ Work Phone: _____

Please Read & Initial each

___ I authorize Consumer Credit Counseling Service of the Black Hills (CCCS) to obtain a credit report from one or more Credit Reporting Agency (CRA) for the sole purpose of financial counseling at my request. The information I have provided is truthful and accurate. I will be asked to verify financial data for the CRA for identification purposes.

___ I agree to hold CCCS, its employees, officers and agents harmless from any claim, suit, action or demand arising from the counseling session provided to me. In addition, I agree to hold the CRA, its employees, officers and agents harmless from any claim, suit, action or demand arising from the credit report provided to me.

___ I understand that a consumer-initiated or "soft" inquiry will appear on my credit report as a result of this service.

___ I understand that CCCS is not in any way attempting or promising to affect my personal credit report at any CRA in any manner, and that CCCS is acting solely as an interpreter of the credit information supplied to them. I agree that CCCS is not responsible for the accuracy of the information provided, and cannot make any guarantees regarding any dispute I may file regarding the credit information provided by the CRA. I will be informed how to file a dispute and provided with helpful resources for doing such, but I understand that CCCS cannot file a dispute for me.

___ I understand that the information I provide with respect to name, address, social security number, date of birth, and employment used to verify my identify will be updated on my credit files if that information is different from existing information on my file.

___ I authorize CCCS to pull my credit report one additional time between 9 and 24 months from now. I can rescind in writing this authorization as long as I do so within 60 days of signing this form.

___ I understand I will only receive my copies of my credit reports when I participate in financial counseling or credit report review counseling.

Signature

Date

For Office Use

Form of ID: _____

Expires: _____

Verified by: _____

Date: _____

Form CRR-2 Last update 12/10/09

Form CRR-2 Last update 5-27-08



Foreclosure Mitigation Counseling Agreement

1. I understand that Consumer Credit Counseling Service of the Black Hills (CCCS/BH) provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, including referrals to other housing agencies as appropriate.
2. I understand that CCCS/BH receives Congressional funds through the National Foreclosure Mitigation Counseling program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I understand that my information may also be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request an evaluation of the organization's services.
4. I give permission for NFMC program administrators and/or their agents to pull my credit report up to two additional times between now and June 30, 2010 and to give authorization for NFMC program administrators and/or their agents to follow-up with me between now and June 30, 2010 for the purposes of program evaluation.
5. I acknowledge that I have received a copy of CCCS/BH's Privacy Policy.
6. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able 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.
7. A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.
8. I understand that CCCS/BH provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from CCCS/BH in no way obligates me to choose any of these particular loan products or housing programs.
9. I understand that in the event I am dissatisfied with this service I can utilize the Complaint Resolution Process.
10. I give CCCS/BH permission to share information about my situation to _____ (my mortgage lender or servicer).

Date _____ Client # _____ Credit Score (s) _____
 Client name (s) _____
 Client signature (s) _____
 Social Security number (s) _____