



Client Counseling Agreement

I agree to participate in counseling sessions to help improve my current housing situation. I understand that Housing Counselors may discuss information on my credit history, financial situation, employment, or related family problems. I understand that it may be necessary for the Housing Counselor to discuss this information with representatives of other firms or agencies in order to aid in the pursuit of my goals and to seek a solution to my housing problem(s).

I also understand that these procedures are necessary in assisting me with my housing problem. I understand that information about my personal circumstances will be treated as totally confidential and that **NO** information will be divulged to any party who is not directly involved in this situation.

I authorize Margert Community Corporation to discuss **ANY** information related to my personal circumstances as may be necessary to help secure my full legal rights in attempting to secure or improve my current housing situation.

I further authorize Margert Community Corporation to both obtain and release credit, financial, employment and any other information to other agencies as may be essential in the solution of my housing problem.

Signature of Client(s): _____ Date _____

_____ Date _____

Signature of Counselor: _____ Date _____

Note: Return one signed copy to counselor and keep one for your personal records.

Margert is required to establish and maintain client case files, including supporting documentation, for services provided to the community.

Therefore, we reserve the right to retain copies of pertinent supporting documentation.

