



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 housing counseling, please talk to your housing counselor about arranging alternative accommodations.

Autism Housing Pathways, Inc. (AHP) is a nonprofit housing counseling agency. We provide education workshops and a full spectrum of housing counseling including pre-purchase homebuyer education, pre-purchase counseling, down payment and closing costs loans, foreclosure prevention, and post-purchase 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.

Counselor's Roles and Responsibilities:

1. Reviewing your housing goal and your finances; which include your income, debts, assets and credit history.
2. Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.
3. Review a household budget that will help you manage your debts, expenses and savings.
4. Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.
5. Neither your counselor nor AHP employees, agents, or directors may provide legal advice.

Client's Roles and Responsibilities:

1. Completing the steps assigned to you in your Client Action Plan.
2. Providing accurate information about your income, debts, expenses, credit and employment.
3. Attending meetings, returning calls, providing requested paperwork in a timely manner.
4. Notifying AHP or your counselor when changing a housing goal.
5. Completing a HUD-approved Homebuyer Education Course if you intend to purchase a home.
6. Retain an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
7. I/We, the client(s), understand that failure to work cooperatively with my housing counselor and/or AHP will result in the discontinuation of counseling services. This includes, but not limited to, missing phone or in person appointments.

As a housing counseling program participant, you are not obligated to receive, purchase or utilize any other products and services of AHP.



Alternative Services, Programs, and Products & Client Freedom of Choice: You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

Referrals and Community Resources:

Information on general community resources is available at:

- Assistance Programs for Massachusetts Residents: <http://tinyurl.com/lmo3m6d>
- Massachusetts Association for Community Action: <https://www.masscap.org/>

Information on disability-related community resources is available at:

- Autism Housing Pathways: <http://www.autismhousingpathways.org>
- Mass Family Ties Directory of Resources for Families of Children and Youth with Special Needs: <http://massfamilyties.org/info/directory.php>
- DDS Northeast Region Adult Autism Resource Guide: <http://tinyurl.com/l4s862a>

Privacy Policy: AHP is 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 Data Release Form & Third Party Authorization. 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 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.

Release of your information to third parties:

- 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 only to those employees who need to know that information to provide services to you.

Errors and Omissions and Disclaimer of Liability: I/We agree Autism Housing Pathways, Inc., 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 AHP counseling; and I/we hereby release and waive all claims of action against Autism Housing Pathways, Inc. I/We have read this document, understand that I/we 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.

Quality Assurance: In order to assess client satisfaction and in compliance with grant funding requirements, Autism Housing Pathways, Inc., 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 AHP grantors

I/We acknowledge that I/we received, reviewed, and agree to the Autism Housing Pathways, Inc. Program Disclosures.

Person 1

Date

Person 2

Date

Person 3

Date