



## Certification of Foreclosure Mitigation Counseling

I/We agree that while receiving foreclosure prevention counseling services from **Raleigh Area Development Authority (Subgrantee)**, I/We will not seek similar assistance from another counseling agency receiving National Foreclosure Mitigation Counseling (NFMC) program funding from NeighborWorks America.

Also, if I/We have received any foreclosure prevention services from another counseling agency since March 1, 2008, I/We agree to disclose this information to the **Raleigh Area Development Authority (Subgrantee)**.

I understand that I am providing this information for the purposes of receiving counseling services from **Raleigh Area Development Authority (Subgrantee)** who is receiving NFMC program funds from NeighborWorks America.

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Homeowner (Printed Name)

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Homeowner (Signature)

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Homeowner (Printed Name)

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Homeowner (Signature)

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Counseling Agency

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Counselor

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Date