



Combined Privacy Act Notice and Tennesen Warning

We at Lake Agassiz Habitat for Humanity value your trust and are committed to the responsible management, use and protection of personal information. This notice describes our policy regarding collection and disclosure of personal information. The following programs are funded in part by state, federal government agencies and local agencies:

- Financial Coaching;
- Homebuyer Counseling;
- Post Purchase;
- Foreclosure Counseling;
- Aging In Place

These agencies receive the information described below.

Social Security Numbers

The Privacy Act of 1974 makes it unlawful for any Federal, State, or local government agency to deny your participation in the above referenced programs if you refuse to provide your social security number. If you do not voluntarily provide your social security number services to you may be more limited, but you will continue to be eligible to receive the services we can provide without a social security number.

Other Private Data

Under Minnesota Statutes, your name and address may be public data. All other data we may ask about you is private data on individuals. Agreeing to share your public data is mandatory for participation in the above referenced programs. Sharing your private data is not mandatory for participation in the program. However, if you do not provide private information (such as income, debts, and assets) services to you may be more limited.

We collect private data for the purposes of service delivery, program management, compliance, monitoring, research, and program evaluation.

We collect your private information from the following sources:

- Information we receive from you on applications or other forms,
- Information about your transactions with us or others, and
- Information we receive from a consumer credit reporting agency.

We may disclose private information about you which may include your name, address, social security number, employer, assets, debts, income, credit bureau reports, your credit history and your creditworthiness.

We may disclose your private information to the following entities, or their representatives identified below or to other entities properly authorized under law to review it.

- Staff at this organization and its partners operating in this program who need it to work on your case;
- Financial Service Providers, such as mortgage servicing agents; and
- Nonprofit organizations, government entities, or other subsidy providers.

By signing below, you agree to allow us to collect and share information as described above; please indicate your approval with your signature, below.

Client Signature _____ Date _____

Client Signature _____ Date _____

Verbal acknowledgement is acceptable if information was provided to client in non-face-to-face session.

The undersigned verifies that verbal authorization for release of above confidential information has been given. The client was fully informed of the information contained in this document and understood its nature and intended use of the released information.

Client Name _____ Homeownership Advisor/Coach's Signature _____ Date _____

NOTE: A copy of this notice with Homeownership Advisor/Coach's signature has been mailed to the client.