

**BORROWER AUTHORIZATION FOR EARLY DELINQUENCY
DEFAULT INTERVENTION COUNSELING
House Key Program
Washington State Housing Finance Commission**

Required for all House Key Program loans with Conventional Financing

WSHFC # _____

- If I fail to make any monthly mortgage payment as agreed, I understand that the servicer of my mortgage, a third party counseling organization, or a mortgage insurer will contact me and advise me about finding ways to meet my mortgage obligation.
- I hereby authorize the servicer to release pertinent information to the designated agency, if applicable, who will contact me.
- I further hereby authorize the designated agency, if applicable, to make recommendations regarding appropriate action to take with regard to my mortgage loan, which may assist the servicer in determining what options may be available to me to prevent possible foreclosure or other derogatory action, if possible.

Date

Date

Date

MUST BE SIGNED BY ALL PERSONS LISTED ON THE PROGRAM NOTE AND DEED OF TRUST AND SUBMITTED TO THE MASTER SERVICER IN THE CLOSED LOAN PACKAGE.