



**Counseling Referral Form**

Please mark one:

- Pre-Purchasing Counseling** – Available to anyone considering purchasing a home.
- Pre-Closing Counseling (for PHFA’s home purchase loans)** – **Required when credit scores are under 680.** Available to anyone purchasing a home. *(If pre-purchase counseling has been completed, pre-closing counseling is not required.)*

**Lender/LPA Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Contact Person** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Fax#** \_\_\_\_\_

**Borrower Name** \_\_\_\_\_ **FICO Score** \_\_\_\_\_

**Borrower Name** \_\_\_\_\_ **FICO Score** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Counseling Agency Referral Information:**

**Name of Agency** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

\_\_\_\_\_

**Date of referral** \_\_\_\_\_ **Proposed loan closing date** \_\_\_\_\_

*Indicate PHFA Loan Program in Comment Section*

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I authorize the lender named above to provide the counseling agency named above with information and paperwork regarding my mortgage application, including copies of my loan application, credit report, asset and employment information and other related documentation, as requested by the counseling agency.

\_\_\_\_\_  
Borrower Signature and Date

\_\_\_\_\_  
Co-Borrower Signature and Date