

**Montana Board of Housing**  
**Early Delinquency Counseling Form**

**Borrower's Authorization for Mortgage Counseling**

TO WHOM IT MAY CONCERN

If I fail to make any mortgage payment as agreed, I understand that the holder or servicer of my mortgage loan may refer me to a third-party counseling organization which will advise me about finding ways to meet my mortgage obligation. I hereby authorize the holder or servicer to release certain information related to the servicer's own experience with me to such third-party counseling organization, and request that the counseling party contact me.

I further hereby authorize the third-party counseling organization to make a recommendation about appropriate action to take with regard to my mortgage loan, which may assist the servicer in determining whether to restructure my loan or to offer other extraordinary services that could preserve my long-term homeownership.

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower Signature

\_\_\_\_\_  
Date