



NEIGHBORHOOD HOUSING SERVICES OF BALTIMORE

25 E. 20th Street, Suite 170 Baltimore, Maryland 21218 • p. 410.327.1200 f. 410.675.1855
www.nhsbaltimore.org

HOLD HARMLESS AGREEMENT AND AUTHORIZATION

I (we) agree to hold harmless and indemnify Neighborhood Housing Services of Baltimore, Inc. and its employees, member officers and directors in connection with acts performed by them which would reasonably be associated with consultation, technical advice, financial counseling, loan processing, property inspection, construction management and other related activities.

I (we) further agree to indemnify, hold and save harmless the City of Baltimore and its Department of Housing and Community Development; and the State of Maryland and its Department of Housing and Community Development, from any and all losses, claims or damages of every nature or description arising out of or in connection with this contract.

I (we) authorize the staff of Neighborhood Housing Services of Baltimore, Inc., to obtain specific reports and verifications such as personal credit reports, income and asset information, etc. from any organization or entity that may be involved during the counseling process.

I (we) understand that Neighborhood Housing Services of Baltimore, Inc. provides financial capability counseling/coaching after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals and other agencies as appropriate.

I (we) understand that Neighborhood Housing Services of Baltimore, Inc. submits client-level information relating to the Project Reinvest: Financial Capability grant to the NeighborWorks America Data Collection System (DCS), opens files to be reviewed for program monitoring and compliance purposes, and conducts follow-up with clients related to program evaluation.

I (we) I understand that I may opt-out of this requirement, but proof of this opt-out must be recorded in my client file.

I (we) give permission for Project Reinvest: Financial Capability program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.

I (we) acknowledge that I have received a copy of Neighborhood Housing Services of Baltimore, Inc. Privacy Policy.

I (we) understand that a photocopy of this form will serve as authorization.

DATED THIS:

Month

Date

Year

Signature

Printed Name

Social Security Number

Signature

Printed Name

Social Security Number