

**CONSUMER CREDIT COUNSELING SERVICE OF KERN & TULARE COUNTIES**

**Statement of Services for Credit Report Review**

*Please read the following statements carefully then initial the line next to each statement to indicate understanding of that provision. Your full signature is required at the bottom of the form. For simplification, the singular is used even when the plural may apply.*

I agree to abide by the provisions of this agreement, which are as follows:

\_\_\_\_\_ I engage the professional services of Consumer Credit Counseling Service, herein referred to as CCCS to provide a confidential comprehensive personal credit report review. The agency will interpret the credit report with me and provide information on my right to dispute errors and to add consumer statements to my files.

\_\_\_\_\_ I understand that the interview will be conducted by an ACB (Associated Credit Bureaus) certified interviewer.

\_\_\_\_\_ I authorize CCCS to request copy/ies of my consumer files from the credit bureau(s) of my choosing.

\_\_\_\_\_ I understand that CCCS is not in any way attempting or promising to affect my personal credit record at any credit reporting agency in any manner. I also understand that CCCS is solely acting as an interpreter of the credit information supplied to them, and is in no way responsible for the accuracy or inaccuracy of the information provided.

\_\_\_\_\_ I understand this is to be a consumer inquiry on my credit report. However, I understand that, while unlikely, an inquiry for my credit report may appear on my credit report in each instance when a credit report obtained per my request by CCCS, and that this information may remain on my credit report for a period of two years. I further understand that this could affect my ability to get credit in the future.

\_\_\_\_\_ I understand that the fee for the service will not be refunded once the report has been requested from the credit bureau.

\_\_\_\_\_ I will be given an assessment outlining a suggested client action plan that will be based on one or more of the following options:

- A. I will dispute items on my credit report myself using the procedures described by my counselor and in the materials given to me. The agency has no responsibility or obligation for any past, present, or future credit rating I receive and will not conduct any dispute on my behalf.
- B. I will be referred for appropriate assistance if I want legal advice; a counselor may answer questions about credit-related laws but not give legal advice.
- C. I will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.

\_\_\_\_\_ I hold the agency, its employees, agents, and volunteers harmless from any claim, suit, action, or demand of my creditors, myself, or any other person resulting from said advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

\_\_\_\_\_ At some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

Applicant #1 \_\_\_\_\_ Counselor \_\_\_\_\_

Applicant #2 \_\_\_\_\_ Date \_\_\_\_\_