



Bill de Blasio  
Mayor

**Department of Consumer Affairs  
Office of Financial Empowerment**

Julie Menin  
Commissioner



**Financial  
Empowerment  
Center**

## **New York City Financial Empowerment Center at Bedford Stuyvesant Restoration Corporation Client Service Agreement Form**

I am voluntarily participating in financial counseling services provided by the NYC Financial Empowerment Center at Bedford Stuyvesant Restoration Corporation.

### Waiver of Liability and Indemnification

1. I understand and agree that the City of New York, The Department of Consumer Affairs Office of Financial Empowerment (DCA/OFE) and Bedford Stuyvesant Restoration Corporation are offering me free financial counseling services through the Financial Empowerment Center.
2. I am voluntarily agreeing to the services and understand that the City of New York, DCA/OFE and Bedford Stuyvesant Restoration Corporation cannot guarantee the results of these services.
3. I agree that I will not sue or bring any legal action against the City of New York, DCA/OFE or Bedford Stuyvesant Restoration Corporation for anything connected to those counseling services.

### Client Confidentiality Agreement

- I understand that DCA/OFE and Bedford Stuyvesant Restoration Corporation may have access to information about me and the services that are provided to me that will be used for evaluation purposes. These data will not be sold or used for any commercial purpose. These data will not be shared with any third parties without my consent, unless indicated in the box below. I understand that the data, except for personally identifying information, may be combined with data provided by other persons receiving counseling shared with third parties for the purposes of conducting academic or statistical analysis.

I agree to share personal and identifiable information about my participation in financial counseling, service plan and outcome achievement with \_\_\_\_\_.

I have read this waiver or it has been read to me. I understand the information and have had my questions answered. I agree to continue with the counseling session or group.

\_\_\_\_\_  
Client Name Print

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Name Print

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date



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**AUTHORIZATION TO PULL CREDIT REPORT**

I hereby give the NYC Financial Empowerment Center permission to pull my credit report and score from any of the three credit bureaus. Additionally, I authorize the Financial Empowerment Center to pull my credit report 3 additional times within the next 24 months so they can evaluate the effectiveness of the service.

I understand that these credit pulls are what is known as a “soft” pull and will not have any adverse effect on my credit history, rating or score.

I understand that records of my credit report(s) and score(s) will be kept on file for program evaluation purposes only.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_