

### **Instructions**

Please fill out this affidavit if you have a complaint about National Foreclosure Counseling Services or American Foreclosure Counseling Center. Please print or type the information you are providing so that it is legible. It is not necessary for you to answer every question if you do not have the information requested.

Be sure to have your signature notarized on the last page. If you have them, please provide copies of any contracts, agreements, advertisements and any other promotional materials you have with or from these companies. **DO NOT SEND ORIGINALS.**

Promptly return your completed and notarized affidavit to:

Office of the Attorney General  
Economic Crimes Division  
Attn.: National Foreclosure Counseling Services Investigation  
Collins Building, 107 W. Gaines Street  
Tallahassee FL 32301

### **A F F I D A V I T**

**BEFORE ME**, the undersigned authority, this day personally appeared:

**NAME** \_\_\_\_\_  
(print or type name)

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

**TELEPHONE** Home (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

who, after being duly sworn and deposed, upon his/her personal knowledge, states:

1. I have a complaint about:

\_\_\_\_\_  
(person/company name, address and telephone number)

2. How did you first learn of the above-mentioned company?

\_\_\_\_\_.

3. What was your reason for contacting this company?

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4. Were you in foreclosure prior to contacting this company? \_\_\_\_ Yes \_\_\_\_ No

5. Were you late on your mortgage payments when you contacted this company?

\_\_\_\_ Yes \_\_\_\_ No

6. Did you go into foreclosure after becoming a client of this company? \_\_\_\_ Yes \_\_\_\_ No

7. Did you lose your home in foreclosure? \_\_\_\_ Yes \_\_\_\_ No

8. To whom did you speak with at the above-mentioned company regarding their program?

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9. Exactly what services did this company tell you they would provide? \_\_\_\_\_

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10. Did this company guarantee that you could get you a loan modification?

\_\_\_\_ Yes \_\_\_\_ No

11. Did this company tell you that they would be able to reduce your loan payments?

\_\_\_\_ Yes \_\_\_\_ No

12. Were you told by this company that they could prevent your foreclosure?

\_\_\_\_\_ Yes \_\_\_\_\_ No

13. Did you pay an upfront fee prior to this company prior to their beginning work on your case?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how much were you told to pay? \$\_\_\_\_\_ and in what form?

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**(check, money order, cash, wire etc.)**

14. Did you pay the upfront fee? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what did you think that fee was for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

15. Did you enter into a contract/agreement with this company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please provide date of contract \_\_\_\_\_.

PLEASE ATTACH A COPY OF YOUR CONTRACT.

16. Were you told not to contact your lender once you enrolled in the program?

\_\_\_\_\_ Yes \_\_\_\_\_ No

17. Who told you not to contact your lender?

\_\_\_\_\_.

18. Were you told not to make payments to your lender? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who was supposed to make monthly payments to your lender?

\_\_\_\_\_.

19. Did this company make payments to your lender? \_\_\_\_\_ Yes \_\_\_\_\_ No

20. If your mortgage payments were not made, did you contact this company regarding the non-payment? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what were you told? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

21. Have you been contacted by your lender? \_\_\_\_ Yes \_\_\_\_ No

If yes, what were you told about the status of your mortgage? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

22. Did you make any additional payments to this company? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much did you pay? \$\_\_\_\_\_.

23. Did you request a refund? \_\_\_\_ Yes \_\_\_\_ No

Amount requested \$\_\_\_\_\_.

24. Did you receive a full or partial refund? \_\_\_\_ Yes \_\_\_\_ No

If yes, amount of refund was \$\_\_\_\_\_.

25. Do you have any additional information that you believe shows that the company engaged in deceptive or unfair trade practices?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

26. To resolve this complaint, I would like **(examples: refund, cancellation of the contract)**

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27. Are you 60 years old or older? \_\_\_\_ Yes \_\_\_\_ No

28. Are you disabled or collecting disability? \_\_\_\_ Yes \_\_\_\_ No

**FURTHER AFFIANT SAYETH NAUGHT.**

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
(Date of Birth)

**SWORN TO AND SUBSCRIBED BEFORE ME** this \_\_\_\_\_ day of \_\_\_\_\_ 2009.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

My commission expires:

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
(Print, type or stamp commissioned name  
of Notary Public)

Personally known \_\_\_\_\_ or

Produced identification \_\_\_\_\_

Type of identification produced:

\_\_\_\_\_