

**580.022 FORMS.**

Subdivision 1. **Counseling form.** The notice required under section 580.021, subdivision 2, clause (2), must be printed on colored paper that is other than the color of any other document provided with it and must appear substantially as follows:

**"PREFORECLOSURE NOTICE****Foreclosure Prevention Counseling****Why You Are Getting This Notice**

We do not want you to lose your home and your equity. Government-approved nonprofit agencies are available to, if possible, help you prevent foreclosure.

We have given your contact information to an authorized foreclosure prevention counseling agency to contact you to help you prevent foreclosure.

**Who Are These Foreclosure Prevention Counseling Agencies**

They are nonprofit agencies who are experts in housing and foreclosure prevention counseling and assistance. They are experienced in dealing with lenders and homeowners who are behind on mortgage payments and can help you understand your options and work with you to address your delinquency. They are approved by either the Minnesota Housing Finance Agency or the United States Department of Housing and Urban Development. They are not connected with us in any way.

**Which Agency Will Contact You**

[insert name, address, and telephone number of agency]

You can also contact them directly."

Subd. 2. **Notice of Counseling and Request for Contact Information form.** The notice required in section 580.021, subdivision 4, must be substantially in the following form:

**"PREFORECLOSURE NOTICE****NOTICE OF PROVISION OF FORECLOSURE PREVENTION COUNSELING  
AND REQUEST FOR MORTGAGEE CONTACT INFORMATION**

[Insert agency name] has been contacted by your customer regarding foreclosure prevention counseling in response to the current foreclosure proceedings involving the customer's real property. Please provide the following contact information pursuant to Minnesota Statutes, section 580.021, subdivision 4, by completing and returning this form via fax [insert fax number] or via e-mail at [insert e-mail address].

**To be completed by Counseling Agency**

Consumer Name: \_\_\_\_\_

**CONSUMER CONTACT INFORMATION:**

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Nighttime Phone: \_\_\_\_\_

**PROPERTY AT RISK FOR FORECLOSURE (if differs from above):**

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

**COUNSELING AGENCY CONTACT:**

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**To be completed by Lender**

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_"

**History:** 2008 c 341 art 5 s 8