



Neighborhood Housing Services Oklahoma

NeighborWorks® Organization

### Understanding of Client Documents

I \_\_\_\_\_ (print name) understand that Neighborhood Housing Services Oklahoma is not obligated to provide copies of documents for any other purpose other than the assistance I am receiving. If at any time documents are needed as part of my assistance proof will be required in writing and approved by NHSOKLA staff. I understand that if my request is approved, NHSOKLA has up to 48 business hours to provide the documents requested.

\_\_\_\_\_

Sign

\_\_\_\_\_

Date

\_\_\_\_\_

Sign

\_\_\_\_\_

Date