



Bankruptcy Consent Letter

Applicant Name: _____

Date: _____

Address: _____

Method of Delivery: _____

Dear _____,

Thank you for your application to the HomeHelpMN program.

Your application indicated that you have filed bankruptcy. Because this program involves direct payments to your creditor(s), it could affect your bankruptcy. In order to move forward, you need to consult with your bankruptcy counsel to determine appropriate steps to take in your case to ensure that you can participate in this program. Please have your bankruptcy counsel take all necessary steps to obtain any permissions required for participation in this program.

Further, we anticipate that due to the Automatic Stay of 11 U.S.C. § 362, you and your attorney may need to give additional permission to your creditor(s) in order to allow us to discuss your debt with the creditor(s). Such permission should include a statement that clarifies that you do not believe that such contact with us would be a violation of the Automatic Stay, and that communications between the HomeHelpMN program and the creditor(s) will not be pursued by you or your attorney as a Stay violation.

Complete and return the forms at the bottom of this letter to us to proceed with your application processing.

Kind Regards,
HomeHelpMN Program

If you have questions, need interpretation services or need assistance, you may contact the HomeHelpMN Call Center at 1-800-388-3226, Monday through Friday, 8 a.m. – 6 p.m. CST.

Si tiene alguna pregunta, necesita servicios de interpretación o necesita asistencia, puede comunicarse con el centro de llamadas del programa HomeHelpMN llamando al 1-800-388-3226, de lunes a viernes, de 8 a.m. a 6 p.m. (hora estándar del Centro).

Haddii aad qabto su'aalo, aad u baahantahay adeegyo turjubaan ama aad u baahantahay gargaar, waxaad la soo xiriiri kartaa Xarunta Wicista HomeHelpMN 1-800-388-3226, Isniinta ilaa Jimcaha, 8 a.m. – 6 p.m. CST.

Yog tias koj muaj lus nug, xav tau neeg txhais lus los yog xav tau kev pab, koj yeej hu tau rau lub chaw teb xov tooj ntawm HomeHelpMN tus xov tooj 1-800-388-3226, hnuv Monday txog hnuv Friday, 8 a.m. – 6 p.m. CST.



Date: _____

Applicant(s) Full Names: _____

Property Address: _____

Creditor Name: _____

Loan/Account Number: _____

Counsel for Applicant(s): _____

The undersigned Applicant(s) and Counsel for Applicant(s) hereby provide permission to the HomeHelpMN program, by and through its representatives, to speak with the above-named Creditor regarding the above-referenced Property Address and Loan/Account Number for the purpose of cooperating to process and complete an Applicant(s)' HomeHelpMN program, and to ultimately received direct payment from HomeHelpMN in the event the application is approved. The Applicant(s) and Counsel for Applicant(s) wish to clarify that speaking directly to HomeHelpMN program representatives and to the Applicant, if necessary, solely with respect to the HomeHelpMN program is not a violation of the Automatic Stay in 11 U.S.C. § 362, and no motion for sanctions related to such a Stay violation will be pursued on that basis.

Applicant(s)

Counsel for Applicant(s)



Date: _____

Applicant(s) Full Names: _____

Property Address: _____

Creditor Name: _____

Loan/Account Number: _____

Counsel for Applicant(s): _____

The undersigned Counsel for Applicant(s) has reviewed the HomeHelpMN program and determined that:

No further action is required for Applicant(s) to participate in the program because:

The following actions must be taken in order for Applicant(s) to participate in the program, and Counsel for Applicant(s) will take necessary steps to complete those actions and report in writing to the program when the Applicant(s)' application may be processed and paid, if approved:

Counsel for Applicant(s)