

NEWSED, Community Development Corporation 901 W. 10th Ave., Suite 2-A Denver, CO 80204

Applicant Name:	D	mver, CO 80204	SS#:	XXX-XX-
Co-Applicant Name:				xxx-xx-
Loan #:		Mortgagee:		
Counselor Name:				
NEW	SED CLIENT AUTHORIZ	ATION FORM FOR HOME CO	UNSEL	ING
pian consisting of recommenda understand that NEWSED CD housing counseling I receive fr	tions for handling my finance C provides information and com NEWSED CDC in no wa	foreclosure prevention counseling es, possibly including referrals to of education on numerous loan producty obligates me to choose any of the any of these services offered to me	her hous ets and h ese partic	ing agencies as appropriate. I
financial institutions as necessation our efforts to improve my	sonal circumstances that magary to assist me in improving a totally confidential and no in housing situation. I do a	about my credit history, financial sity be necessary, with me, and with my housing situation. I understant information about me will be discuss cknowledge that this will include for purposes of program monitoring	n other and that in ssed with the Nat	gencies or representatives of formation about my personal anyone not directly involved ional Foreclosure Mitigation
It is expressly understood that representative(s) of my choosis housing situation. However, N that any agents, lenders, attorne	that it is my option to working, and the home counseling EWSED CDC reserves the riesys or other representatives do the which put me at risk of no	with the real estate agent and/or gagency will work with such represent to terminate counseling services on thave my best interests in mineragative amortization. NEWSED CI	lender esentativ s should d, have e	and/or attorney and/or other e in assisting to improve my there exist a reasonable belief
It is further understood that in harmless the home counseling amay arise from mistakes, errors	agency and its agents and/or	ounseling agency's assistance with employees from any and all claims ese efforts.	my hous	sing situation, I agree to hold e of actions arising, or which
and any other asset balance that CDC to order a consumer cred	are needed to process a mort lit report (and up to two add	and present employment earnings a gage loan or modification application litional times within now and next d references. It is understood that a	on. I/we t three v	further authorized NEWSED ears), and verify other credit
I further authorize NEWSED C NEWSED CDC may need for it when I purchase and refinance a	ts own programs' purpose fro	oan application, HUD-1 Settlemen om the lender who made me a loan	t Statem or Title	ent and other documents that Company that closed the loan
UNDERSTAND NEWSED F FURTHER UNDERSTAND TO NOT BE REPRESENTATING	HAT MY HOME COUSEL(R, LENDER, TAX ADVISOR, N DR WILL ONLY PROVIDE GEN CITY.	OR LEC	GAL REPRESENTATIVE. I NFORMATION AND WILL
acknowledge that I have read approve of the authorizations me	NEWSED CDC's Privacy Poentioned.	licy and Authorization in entirety, l	I underst	and my rights to privacy, and
Applicant Signature	Date	Co-Applicant Signature	 	Date

City

State

Zip Code

Current Property Address:

Street



NEWSED, Community Development Corporation 901 W. 10th Ave., Suite 2-A Denver, CO 80204 303-534-8342 www.newsed.org

Privacy Policy

NEWSED CDC is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "nonpublic personal information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, program monitors, and others only with your authorization and signature on the Foreclosure Mitigation Counseling Agreement. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Types of information that we gather about you

- Information we receive from you orally, on applications or other forms, such as your name, address, social security number, assets, and income;
- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
- Information we receive from a credit reporting agency, such as your credit history.

You may opt-out of certain disclosures

- 1. You have the opportunity to "opt-out" of disclosures of your nonpublic personal information to third parties (such as your creditors), that is, direct us not to make those disclosures.
- 2. If you choose to "opt-out", we will not be able to answer questions from your creditors. If at any time, you wish to change your decision with regard to your "opt-out", you may call us at 303-534-8342 and do so.

Release of your information to third parties

- 1. So long as you have not opted-out, we may disclose some or all of the information that we collect, as described above, to your creditors or third parties where we have determined that it would be helpful to you, would aid us in counseling you, or is a requirement of grant awards which make our services possible.
- 2. We may also disclose any nonpublic personal information about you or former customers to anyone as permitted by law (e.g., if we are compelled by legal process).
- 3. Within the organization, we restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

2015 STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS

to fund	AC dera	GENCY NAME	}	program.	Federal regulation	s require the progra	funds have been awarded im to provide benefit to low nust be acknowledged and
	1.	Name of persor	ocompleting form:		-		
	2.	Head of Housel	hold Name		-		
	3.	Home Address:	(address)	<u>.</u>			
			(address)	((city)	(state)	(zip code)
	4.	Is the Head of I	Household:				
		a. Female?		Yes	No No		
		b. Disabled?		Yes	No		
		,	1 7	-	-		f the major life activities of
						led as having such an	impairment.)
		c. Age 62 yea	rs or older?	Yes	No		
	5.	Total annual ho	ousehold income: _		(Income applies	to all adults 18 years	or older living in household)
	6.	Total Number of	of Persons in House	ehold:			
	7.	Number of hou	sehold members be	eing served	by program:	Name of Pro	gram:
	δ.	household mem is required for r a. Ethnicity: I	abers that meet the reporting purposes. Hispanic or Latino ease check approp	criteria of t	he category in the Not Hispar	blanks or column.	lacing the number of Note that this information
And the	SIN	GLE RACE C		776 774		TI-RACE CATE	GORY
	Wh				American Indian	/Alaska Native & V	White
	Bla	ck/African Ame	rican		Asian & White		
	Asi	an			Black/African A	merican & White	
	Am	erican Indian/A	laska Native		American Indian	/Alaska Native & I	Black / African American
	Nat	ive Hawaiian/O	ther Pacific Islande	er	Other Multi-race	(Please explain)	
inform prosec	y cer ation ute fa	IN tify that, to the I have provided	best of my knowl is subject to veri statements. Convi	FY AND WII edge, the a fication by	L BE HELD STRIC bove information if the City and Coun	nty of Denver and I	
			Guardian if applica			****	Date *****
		ome Level:			J		
30%		50%	80%	80%+	Re	eviewer	 Date

EXHIBIT C

VERIFICATION AFFIDAVIT

<u> </u>	, swear or affirm under penalty of perjury
under the law of State	of Colorado that (check one):
I am Un	ed States citizen, or
l am a p	rmanent Resident of the United States, or
I am an	lien lawfully present in the United States pursuant to Federal Law.
understand that State prior the receipt of th fraudulent statement Colorado as perjury in	worn statement is required by law because I have applied for a public benefit. It aw requires me to provided proof that I am lawfully present in the United State public benefit. I further acknowledge that making a false, fictitious, or it representation on this sworn affidavit is punishable under the criminal laws of the second degree under Colorado Revised Statute & 18-8-503 and it shall riminal offense each time a public benefit is fraudulently received.
Signature	Date
(Print) Name of the Ap	plicant