

NEWSED



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

Applicant Name: \_\_\_\_\_ SS#: xxx-xx-\_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ SS#: xxx-xx-\_\_\_\_\_

Loan #: \_\_\_\_\_ Mortgagee: \_\_\_\_\_

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

**NEWSED CLIENT AUTHORIZATION FORM FOR HOME COUNSELING**

I understand that NEWSED CDC provides pre-purchase and foreclosure prevention counseling in which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate. I understand that NEWSED CDC provides information and education on numerous loan products and housing programs and that the housing counseling I receive from NEWSED CDC in no way obligates me to choose any of these particular loan products or housing programs. I further understand that I am not obligated to use any of these services offered to me.

I authorize my home counselor to discuss any information about my credit history, financial situation, employment and/or any other information related to my personal circumstances that may be necessary, with me, and with other agencies or representatives of financial institutions as necessary to assist me in improving my housing situation. I understand that information about my personal circumstances will be treated as totally confidential and no information about me will be discussed with anyone not directly involved in our efforts to improve my housing situation. I do acknowledge that this will include the National Foreclosure Mitigation Counseling (NFMC) program administrators or their agents for purposes of program monitoring, compliance, and evaluation.

It is expressly understood that it is my option to work with the real estate agent and/or lender and/or attorney and/or other representative(s) of my choosing, and the home counseling agency will work with such representative in assisting to improve my housing situation. However, NEWSED CDC reserves the right to terminate counseling services should there exist a reasonable belief that any agents, lenders, attorneys or other representatives do not have my best interests in mind, have engaged in illegal or unethical practices or offered loan products which put me at risk of negative amortization. NEWSED CDC only supports loan products which offer a fixed rate and reasonable closing fees.

It is further understood that in consideration of the home counseling agency's assistance with my housing situation, I agree to hold harmless the home counseling agency and its agents and/or employees from any and all claims or cause of actions arising, or which may arise from mistakes, errors or omissions in regards to these efforts.

I/we hereby authorize NEWSED CDC to verify my/our past and present employment earnings records, bank accounts, stock holding, and any other asset balance that are needed to process a mortgage loan or modification application. I/we further authorized NEWSED CDC to order a consumer credit report (and up to two additional times within now and next three years), and verify other credit information including past and present mortgage and landlord references. It is understood that a photocopy of this form will also serve as authorization.

I further authorize NEWSED CDC to obtain a copy of the loan application, HUD-1 Settlement Statement and other documents that NEWSED CDC may need for its own programs' purpose from the lender who made me a loan or Title Company that closed the loan when I purchase and refinance a home.

I UNDERSTAND NEWSED CDC IS NOT A REALTOR, LENDER, TAX ADVISOR, NOR LEGAL REPRESENTATIVE. I FURTHER UNDERSTAND THAT MY HOME COUSELOR WILL ONLY PROVIDE GENERAL INFORMATION AND WILL NOT BE REPRESENTATING ME IN ANY OTHER CAPACITY.

I acknowledge that I have read NEWSED CDC's Privacy Policy and Authorization in entirety, I understand my rights to privacy, and approve of the authorizations mentioned.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_ Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Current Property Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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901 W. 10<sup>th</sup> 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**

The Department of Housing and Urban Development – Community Development Block Grant funds have been awarded to fund {AGENCY NAME} \_\_\_\_\_ program. Federal regulations require the program to provide benefit to low and moderate-income persons. All questions on this document must be completed. The form must be acknowledged and signed.

1. Name of person completing form: \_\_\_\_\_
2. Head of Household Name \_\_\_\_\_
3. Home Address: \_\_\_\_\_  
(address) (city) (state) (zip code)
4. Is the Head of Household:
  - a. Female? Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Disabled? Yes \_\_\_\_\_ No \_\_\_\_\_  
*(A disability is a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.)*
  - c. Age 62 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Total annual household income: \_\_\_\_\_ *(Income applies to all adults 18 years or older living in household)*
6. Total Number of Persons in Household: \_\_\_\_\_
7. Number of household members being served by program: \_\_\_\_\_ Name of Program: \_\_\_\_\_
8. For each household member served by the program, please answer **both** a and b, placing the number of household members that meet the criteria of the category in the blanks or column. Note that this information is required for reporting purposes.
  - a. Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_
  - b. Race: *(Please check appropriate box below)*

| SINGLE RACE CATEGORY                   | MULTI-RACE CATEGORY                                      |
|--|--|
| White                                  | American Indian/Alaska Native & White                    |
| Black/African American                 | Asian & White  |
| Asian                                  | Black/African American & White                           |
| American Indian/Alaska Native          | American Indian/Alaska Native & Black / African American |
| Native Hawaiian/Other Pacific Islander | Other Multi-race (Please explain)                        |

**THIS INFORMATION WILL BE USED FOR NO OTHER PURPOSE THAN TO DETERMINE AND VERIFY INCOME ELIGIBILITY AND WILL BE HELD STRICTLY CONFIDENTIAL**

I hereby certify that, to the best of my knowledge, the above information is complete and correct. I understand that the information I have provided is subject to verification by the City and County of Denver and HUD. (Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. [18 U.S.C. 1001, 1010, 1012; 13 U.S.C. 3729, 3802])

\_\_\_\_\_  
Signature (or Parent/Legal Guardian if applicant is under 18 years of age) \_\_\_\_\_  
Date

\*\*\*\*\* **For Office Use Only** \*\*\*\*\*

Median Income Level: \_\_\_\_\_

\_\_\_\_\_  
30%                      50%                      80%                      80%+                      Reviewer                      Date

EXHIBIT C

VERIFICATION AFFIDAVIT

I \_\_\_\_\_, swear or affirm under penalty of perjury under the law of State of Colorado that (check one):

\_\_\_\_\_ I am United States citizen, or

\_\_\_\_\_ I am a permanent Resident of the United States, or

\_\_\_\_\_ I am an alien lawfully present in the United States pursuant to Federal Law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that State law requires me to provided proof that I am lawfully present in the United States prior the receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation on this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute & 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print) Name of the Applicant