

NEWSED



Community Development Corporation

NEWSED CDC Documents Checklist:

- **Loan Modification**
- **Refinancing**
- **Foreclosure**
- **Deferment**

- ✱ **All Borrowers** must be present at the time of the appointment.
- ✱ Please provide NEWSED with a copy of all required documents. If you wish for NEWSED to make these copies, you will be assessed a **\$15 processing fee.**
- ✱ Last 2 months of pay stubs or other forms of income verification such as:
 - Business Profit and Loss (if self-employed)
 - Social Security Statement
 - Disability Award Letter
 - Unemployment Statement
 - Child Support Income
- ✱ Start date of employment, Employer’s address and phone number.
- ✱ Last two months of Bank statements for checking, savings, and retirement.
- ✱ Mortgage statement (s) (for all loans on the mortgage).
- ✱ Last two years of tax returns with all schedules and W2s for the last two years.
- ✱ Loan information such as ARM rider or Note/In closing documents’ folder
- ✱ HUD-1/Settlement Statement/In closing documents’ folder
- ✱ Monthly expenses including credit card debts (minimum monthly payment and balances in each card).
- ✱ Colorado ID or Driver’s License
- ✱ Social Security Card
- ✱ Three utility bills such water, electricity, cable, etc.

***Failure to bring all required documentation may result in a delay or denial of services.**

Client Name: _____

Appointment: _____
Date Time

Counselor: _____

****Please arrive 15 minutes before your scheduled appointment.**

*****Our office is located at the northwest corner of 10th Avenue & Santa Fe Drive on the Second Floor of the Villa de Barela Building.
(To enter the building Dial #001 on the keypad)**

901 W. 10th Avenue Suite 2A / Denver, CO 80204
Office: 303-534-8342 / Fax: 303-534-7418 / www.newsed.org



NEWSED, Community Development Corporation
901 W. 10th 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 (NFMCC) 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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Foreclosure Mitigation Counseling Agreement

1. I understand that NEWS ED CDC provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that NEWS ED CDC receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission for NFMC program administrators and/or their agents to follow-up with me within the next three years for the purposes of program evaluation.
4. I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
5. I acknowledge that I have received a copy of NEWS ED CDC's Privacy Policy.

Client's Signature _____ Date _____

Client's Signature _____ Date _____



NEWS ED
Community Development Corporation



Authority to Release Final Closing Disclosure

By signing below, I (we) hereby authorize NEWS ED CDC to obtain a copy of my Final Closing Disclosure from the Title Company, Mortgage Lender or Relator for the purpose of closing my file in indeed I (we) purchase a property. I (We) acknowledge that a copy of this form is valid as the original.

Privacy Act Notice: This information is to be use by the agency and it will not be disclosed outside the agency except as required and permitted by law.

Print Primary Client's Name

Print primary Client's Name

Primary Client's Signature Date

Primary Client's Signature Date



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

Privacy Policy

NEWSID 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.

EXHIBIT C
VERIFICATION AFFIDAVIT

_____, 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

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

FP _____

NEWSHD



Please fill out as completely as possible. If a question does not apply to you, write N/A.

How did you hear about us? _____

Household Information

Date _____

Homeowner:

Rural Area? Si _____ No _____

Last Name: Mr. Mrs. Miss	First Name:	Middle:
Address:	City and County	Zip Code:
How long at this address:	Age:	SSN:
Home Phone:	Work phone:	Cell Phone:
Email:		

Race (select one or more):

American Indian/Alaska Native _____
 Asian _____
 Black/African America _____
 Native Hawaiian/other pacific Islander _____
 White _____

American Indian/Alaska Native White _____
 Asian/White _____
 Black/African American/White _____
 Other _____

Ethnicity (You should select both a "Race" category and a "yes" or "no" for Hispanic origin):

Hispanic/Latino: Yes _____ No _____

What is your Primary Language? _____ **Are you a Veteran?** Si _____ No _____

Gender (Please circle): Male Female **Special Needs?** Yes _____ No _____

Marital Status (Please circle): Single Married Divorced Separated Widowed

House Type (please select the most accurate):

Female headed single parent household
 Male headed single parent household
 Single adult
 Other _____

Married with dependents
 Married without dependents
 Two or more unrelated adults

Household family size: _____

Number of Dependents: _____ **Age of Dependents:** _____

Highest Education Level: _____

Co-Homeowner:

Last Name: Mr. Mrs. Miss	First Name:	Middle:
Address:	City and County	Zip Code:
Relation to Homeowner	Age:	SSN:
Home Phone:	Work phone:	Cell Phone:
Email:		

Race (select one or more):

American Indian/Alaska Native _____ American Indian/Alaska Native White _____
 Asian _____ Asian/White _____
 Black/African America _____ Black/African American/White _____
 Native Hawaiian/other pacific Islander _____ Other _____
 White _____

Ethnicity (You should select both a "Race" category and a "yes" or "no" for Hispanic origin:)

Hispanic/Latino: Yes _____ No _____

What is your Primary Language? _____ **Are you a Veteran?** Si _____ No _____

Gender (Please circle): Male Female **Special Needs?** Yes _____ No _____

Marital Status (Please circle): Single Married Divorced Separated Widowed

House Type (please select the most accurate):

Female headed single parent household Married with dependents
 Male headed single parent household Married without dependents
 Single adult Two or more unrelated adults
 Other _____

Number of Dependents: _____ **Age of Dependents:** _____

Highest Education Level: _____

Employment Income: List current employment for every employed household member.

Homeowner's Employer: _____
Title: _____ **Hire Date:** _____

Street _____ **City** _____ **State** _____ **Zip Code** _____
Phone: _____ **Part-Time** or **Full-Time**
Gross Income (before taxes): \$ _____ **Net Income (after taxes):** \$ _____
Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly
Gross Monthly income: \$ _____ **Net monthly Income:** \$ _____

Co-Homeowner's Employer: _____
Title: _____ **Hire Date:** _____

Street _____ **City** _____ **State** _____ **Zip Code** _____
Phone: _____ **Part-Time** or **Full-Time**
Gross Income (before taxes): _____ **Net Income (after taxes):** _____
Is this amount paid: ___ hourly ___ weekly ___ every two weeks ___ twice a month ___ monthly
Gross Monthly income: \$ _____ **Net monthly Income:** \$ _____

More Employment? Check here _____ and list on separate page.

Total Income: Include all income received by **any** household member.

Source of Income	Household Member	Net Monthly Income	Gross Monthly Income
Total Salary (from above)			
Self-employment (from worksheet)			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Disability Income			
Other Income:			
Total:			

**Total Household Gross Annual Income from all sources
(taken from taxes):**

	Gross Annual Income
20__	
20__	

Household AMI: _____ %

Liabilities/Debt: Please list any debt you have, including credit cards, auto loans, and student loans. DO NOT include rent or utilities.

Paid to	Type	Current Balance	Minimum Montly Payment	Whose Debt?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total:				

H- Homeowner
C- Co-Homeowner
B- Both

What is your FICO Score? _____

Have you ever declared bankruptcy? Yes _____ No _____

If yes, what kind: Chapter 13 Chapter 7 When? _____

If Discharged, when? _____

Did you receive information on Fair Housing Rights and Credit Acts?

Yes _____ No _____

**Post-Purchase Information
Mortgage:**

Original Purchase Price:	Monthly Payment:	Balance of Mortgage:	Loan Origination Date:	
Value of Home:	Mortgage Lender:	Contact Information:	Loan Number:	
Is this mortgage current? If not, how much do you owe?	Months Delinquent:	Interest Rate on Loan:	Fixed?	Variable?
Type of loan:	Do you have additional mortgages on your property?			
FHA Conv VA	YES		NO	

Original Amount:	Monthly Payment:	Balance of Mortgage:	Loan Origination Date:	
Type of loan:	Mortgage Lender:	Contact Information:	Loan Number:	
Is this mortgage current? If not, how much do you owe?	Months Delinquent:	Interest Rate on Loan:	Fixed?	Variable?

Is your mortgage secured by Fannie Mae or Freddie Mac? Yes _____ No _____

Front-end and Back-end Ratios:

HE:	PITI		Gross Monthly Income		
	\$	/	\$	=	%
DTI:	PITI+Debt		Gross Monthly Income		
	\$	/	\$	=	%

Assets:

Cash Assets:	Current Balance of _____ as of _____	Estimated Balance from Client	Bank Name
Checking Account	H=		
	C=		
	B=		
Saving Account	H=		
	C=		
	B=		
Cash or CDs	H=		
	C=		
	B=		
Stocks/Retirement Accounts Other	H=		
	C=		
	B=		
Other			

H- Homeowner C- Co-Homeowner B- Both

Current situation: _____

Goals: _____

Loan #: _____

TOTAL GROSS MONTHLY INCOME		TOTAL MONTHLY EXPENSES	
TOTAL NET MONTHLY INCOME		DIFFERENCE	

MONTHLY BUDGET

	Per/Month	Notes
INCOME		
Total Monthly Net Income (after taxes)		
Other Income:		
TOTAL		
EXPENSES		
Housing	Mortgage	
	Property Tax (if not escrowed)	
	Homeowner's Insurance (if not escrowed)	
	HOAs	
	Other:	
TOTAL		
Utilities	Electric	
	Gas/Heating	
	Water and Sewage	
	Cable TV	
	Internet	
	Telephone- Land Line	
	Cell Phone	
	Other:	
TOTAL		
Debt	Minimum Credit Card Payments (total)	
	Student Loans	
	Medical Bills	
	Alimony or Child Support Paid	
	Other:	
TOTAL		
Health/Medical	Medical Insurance (if not payroll deducted)	
	Dental Insurance (if not payroll deducted)	
	Doctor's Office	
	Dentist Visits	
	Prescriptions	
	Life Insurance (if not payroll deducted)	
Other:		
TOTAL		
Transportation	Car Payments	
	Car Insurance	
	Gas	
	Parking	
	Mass Transit Costs	
	Other:	
TOTAL		
Food	Groceries	
	Dining Out	
	TOTAL	



HOUSING COUNSELING CLIENT SURVEY

Please answer the following questions.....

Please check the reason(s) you came to our agency?

- Buying a home for the first time
- Rent
- Refinancing your home
- Other _____
- Mortgage delinquency
- Programs to improve or Repair your home
- Property Taxes or Home Owners insurance

The convenience of our location is ...

- Excellent
- Good
- Fair
- Poor
- I don't know

How do you rate the agency's business hours

- Excellent
- Good
- Fair
- Poor
- I don't know

How do you rate the courteousness of the staff

- Excellent
- Good
- Fair
- Poor
- I don't know

How well did the Counselor explain the program and services to you

- Excellent
- Good
- Fair
- Poor
- I don't know

Was the counselor knowledgeable and helpful? Yes No

Did you have difficulty scheduling your appointment? Yes No

How long did it take to make an appointment with the counselor? 1-5 days 5-10 days more

Do you feel the services provided were beneficial to your situation? Yes No

Would you recommend our services to a friend or family member? Yes No

What was the most helpful part of our services?

What is one thing we can improve about our services?
