



NEWS ED

Community Development Corporation

PRIVACY POLICY

NEWS ED 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.

*******Please keep this form for your records*******

2023 STATEMENT OF HOUSEHOLD INCOME DEMOGRAPHICS

The Department of Housing and Urban Development – Community Development Block Grant funds have been awarded to fund NEWSED CDC’s 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:							
3.	Home Address:							
4.	Is the Head of Household	*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.						
	a. Female						Yes	No
	b. Disabled*						Yes	No
	c. Aged 62 years or older						Yes	No
5.	Total annual household income*:				*Income applied to all adults 18 years or older living in the household			
6.	Total number of persons in the household:							
7.	Number of household members being served by the program (# attending the class):							
	Name of Program:	CHFA HBE						
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		

/Users/anahsespinoza/Desktop/HBC Statement Household Income Demographics 2021.doc

WORKSHOP INTAKE FORM

General Information														
Full Name:														
First Name				Middle Name				Last Name						
Date of Birth:					Age:			Gender:						
Current Home Address:								County:						
City:					State:			Zip Code:						
Phone:														
Cell / Other Phone				Work Phone				Home Phone						
Email:					Preferred Language:									
Highest Level of Education Completed								Disabled?			Yes	No		
Active Military:			Yes		No	Veteran:			Yes		No			
How did you hear about this workshop? (Check all that apply)														
Agency			Realtor			Walk-in			Letter/Postcard/Flyer			Lender		
Word of Mouth (friend, family)					Radio/TV/Newspaper					Online				
Demographics														
Race														
American Indian/Alaska Native					Black or African American									
American Indian/Alaska Native and Black					Black/African American & White									
American Indian/Alaska Native and White					Native Hawaiian/other Pacific Islander									
Asian					Other multiple race									
Asian and White					White									
Ethnicity:		Hispanic or Latino				Not Hispanic or Latino								
Number of people in your household:					Total Number of Adults				Total Number of Children					
Are you:			Married			Divorced			Single			Separated		Widow
Financial Information														
Household Annual Income (yearly):														
Are you a single parent (head of household) financially supporting at least one child?									Yes			No		
Current Residence:			Rent			Own		Are you working with Bank of America?				Yes		No
Where are you currently in the home buying process?														
Just getting started				Looking for a property				Under contract				Ready to close		

Signature _____

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 provide 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 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



NEWSED

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**NEWSED CDC
MEDIA RELEASE AUTHORIZATION FORM**

I hereby grant permission to NEWSED and its staff to photograph/
interview me for the purpose of its grants and counseling program.

It is my understanding that this photograph/interview or portion will
be used for public view.

I agree to participate in this project without financial remuneration, and
I understand that this releases NEWSED CDC and NEWSED'S
staff, photographer/interviewer from any future claims as well as
from liability arising from use of said photograph/interview.

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

Signature

Date

Print Name