



NEWSED

Community Development Corporation

Supporting Document Checklist

Thank you for scheduling an appointment with one of our Housing Counselors. To assess your finances and provide you with an action plan specific to your situation we ask that you please bring copies of the following documents to your upcoming counseling session.

***If you wish for NEWSED to make these copies, you will be assessed a \$15.00 processing fee.**

Last two months of Bank Statements (checking and savings ALL PAGES)

Last two months of pay stubs or other forms of income verification (CONSECUTIVES DATES) such

as:

- Business Profit and Loss (if self-employed)
- Social Security Statements
- Disability Award Letter
- Child Support Income
- Other Income

Last two years of tax returns with all schedules and W'2

Divorce Decree (if applicable)

Bankruptcy Documentation (if applicable)

Alimony and Child Support Documentation (if applicable)

Proof of other household income (if applicable)

Colorado ID or Driver License

Information on Monthly Expenses (used to create a budget)

Three different utility bills such as cable, car insurance, electricity, cable, cell phone etc.

Information about employer and hire date

For any questions concerning the information requested, please call Veronica Acosta at 303-534-8342 ext.133

***Please note: Failure to bring all required documents may result in a delay or denial of services**

Applicant's Name: _____

Co-Applicant's Name: _____

Appointment Date and Time: _____

Assigned Counselor: _____

Please arrive 15 minutes before your scheduled appointment



NEWS ED

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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*******



Authorization 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 Realtor for the purpose of closing my file if 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 used by the agency and it will not be disclosed outside the agency except as required and permitted by law.

(Print) Applicant's Name

Applicant's Signature Date

(Print) Co-Applicant's Name

Co-Applicant's Signature Date



Conflict of Interest Disclosure

NEWSED CDC owns and purchases abandoned properties in scattered locations for the purpose of rehabilitating, selling, or renting to qualified individuals. A separate department and entity is responsible for managing these units.

CLIENTS ARE UNDER NO OBLIGATION TO PURCHASE OR RENT ANY OF THESE PROPERTIES

Housing Counselor has no direct interest in clients as a tenant or buyer. We in no way collect rent money or manage any aspect of the properties owned by NEWSED CDC.

NEWSED CDC posee y compra propiedades abandonadas en lugares en diferentes lugares de la ciudad con el propósito de rehabilitar, vender o alquilar a personas calificadas. Un departamento y una entidad separada al departamento de consejería de vivienda es responsable de administrar estas unidades.

LOS CLIENTES NO TIENEN NINGUNA OBLIGACIÓN DE ADQUIRIR O ALQUILAR NINGUNA DE ESTAS PROPIEDADES

El consejero de vivienda no tiene interés directo en los clientes como inquilino o comprador. De ninguna manera recaudamos dinero de la renta ni gestionamos ningún aspecto de las propiedades que pertenecen a NEWSED CDC.

_____	_____	_____	_____
Applicant's Signature	Date	Co-Applicant's Signature	Date

_____	_____
Counselor's Signature	Date



NEWS ED

Community Development Corporation

**NEWS ED CDC
MEDIA RELEASE AUTHORIZATION FORM**

I hereby grant permission to NEWS ED 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 NEWS ED CDC and NEWS ED'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 NEWS ED CDC's Media Release
Form in entirety, I understand my rights to privacy, and approve
of the authorizations mentioned.

Signature

Date

Print Name

2022 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

Date

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

Median Income Level:

30%	50%	80%	80%+	Reviewer				Date

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



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

PP _____
 FP _____



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Please complete all fields. If a question does not apply to you, write N/A.

How did you hear about us? _____

		Rural Area?		Yes	No	
Applicant						
Full Name:						
	First Name	Middle Name	Last Name			
Address:						
	Street Address	City	County	State	Zip Code	
How long at this address?		Date of Birth:	Age:	SSN:		
Phone:						
	Home Phone	Work Phone	Cell / Other Phone			
Email:						
Race (select one or more):						
<input type="checkbox"/>	American Indian/Alaska Native		<input type="checkbox"/> Black or African American			
<input type="checkbox"/>	American Indian/Alaska Native and Black		<input type="checkbox"/> Black/African American & White			
<input type="checkbox"/>	American Indian/Alaska Native and White		<input type="checkbox"/> Native Hawaiian/other Pacific Islander			
<input type="checkbox"/>	Asian		<input type="checkbox"/> Other multiple race			
<input type="checkbox"/>	Asian and White		<input type="checkbox"/> White			
Ethnicity (You should select both a "Race" category and a "yes" or "no" for Hispanic origin):						
Hispanic or Latino:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is your loan with Bank of America?	
Disabled?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Active Military:	
Gender:	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	
	<input type="checkbox"/>	Other	Primary Language:			
Highest Level of Education Completed:						
Marital Status:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	
	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	
	<input type="checkbox"/>	Widowed				
Household Type (please select the most accurate):						
<input type="checkbox"/>	Female headed single parent household		<input type="checkbox"/> Married with dependents			
<input type="checkbox"/>	Male headed single parent household		<input type="checkbox"/> Married without dependents			
<input type="checkbox"/>	Single Adult		<input type="checkbox"/> Two or more unrelated adults			
<input type="checkbox"/>	Other					
Please list all dependents						
Name	Relationship	Age	Sex	Type of Income	Monthly Income	Disabled



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Please complete all fields. If a question does not apply to you, write N/A.

How did you hear about us? _____

		Rural Area?		Yes	No	
Co-Homeowner						
Full Name:						
	First Name	Middle Name	Last Name			
Address:						
	Street Address	City	County	State	Zip Code	
How long at this address?		Date of Birth:	Age:	SSN:		
Phone:						
	Home Phone	Work Phone	Cell / Other Phone			
Email:						
Race (select one or more):						
<input type="checkbox"/>	American Indian/Alaska Native		<input type="checkbox"/> Black or African American			
<input type="checkbox"/>	American Indian/Alaska Native and Black		<input type="checkbox"/> Black/African American & White			
<input type="checkbox"/>	American Indian/Alaska Native and White		<input type="checkbox"/> Native Hawaiian/other Pacific Islander			
<input type="checkbox"/>	Asian		<input type="checkbox"/> Other multiple race			
<input type="checkbox"/>	Asian and White		<input type="checkbox"/> White			
Ethnicity (You should select both a "Race" category and a "yes" or "no" for Hispanic origin):						
Hispanic or Latino:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is your loan with Bank of America?	
Disabled?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Active Military:	
Gender:	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male	<input type="checkbox"/>	
	<input type="checkbox"/>	Other	Primary Language:			
Highest Level of Education Completed:						
Marital Status:	<input type="checkbox"/>	Single	<input type="checkbox"/>	Married	<input type="checkbox"/>	
	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	
	<input type="checkbox"/>	Widowed				
Household Type (please select the most accurate):						
<input type="checkbox"/>	Female headed single parent household		<input type="checkbox"/> Married with dependents			
<input type="checkbox"/>	Male headed single parent household		<input type="checkbox"/> Married without dependents			
<input type="checkbox"/>	Single Adult		<input type="checkbox"/> Two or more unrelated adults			
<input type="checkbox"/>	Other					
Please list all dependents						
Name	Relationship	Age	Sex	Type of Income	Monthly Income	Disabled

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

Homeowner's Employer: _____			
Title: _____	Business Type: _____	Hire Date: _____	
Street _____	City _____	State _____	Zip Code _____
Phone: _____	Part-Time	or	Full-Time
Pay Frequency: ___ weekly ___ biweekly ___ semi-monthly ___ monthly			
Gross Monthly Income (before taxes): \$ _____		Net Income Monthly Income (after taxes): \$ _____	

Co-Homeowner's Employer: _____			
Title: _____	Business Type: _____	Hire Date: _____	
Street _____	City _____	State _____	Zip Code _____
Phone: _____	Part-Time	or	Full-Time
Pay Frequency: ___ weekly ___ biweekly ___ semi-monthly ___ monthly			
Gross Monthly Income (before taxes): \$ _____		Net Income Monthly Income (after taxes): \$ _____	

More Employment? Check here and list on separate page.

Total Income: ***For office use only***

Source of Income	Household Member	Gross Monthly Income	Net 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 Monthly Payment	Whose Debt?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total:				

H- Homeowner C- Co-Homeowner B- Both

Applicant FICO Score: _____ **Co-Applicant 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:	Lenders Phone #:	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	
Second Mortgage				
Original Amount:	Monthly Payment:	Balance of Mortgage:	Loan Origination Date:	
Value of Home:	Mortgage Lender:	Lenders Phone #:	Loan Number:	
Is this mortgage current? If not, how much do you owe?	Months Delinquent:	Interest Rate on Loan:	Fixed?	Variable?
Type of loan:				
FHA Conv VA				

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

Front-end and Back-end Ratios:

HR:	PITI		Gross Monthly Income		
		/		=	
DTI:	PITI+Debt		Gross Monthly Income		
		/		=	

Assets:

Cash Assets:	Current Balance as of: _____ *For Office Use Only*	Estimated Balance from Client	Bank Name
Checking Account	H=		
	C=		
	B=		
Savings 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: _____

Client ID: _____

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	Rent/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	

Client ID: _____

Loan #: _____

Personal	Salon/Barber/Spa		
	New Clothes		
	Dry Cleaning/Laundry		
	Membership Dues (Gym, Clubs, etc)		
	Other:		
	TOTAL		
Children	Child Care		
	School Expenses		
	Extracurricular Activities		
	Salon/Barber		
	New Clothes		
	Allowances		
	Other:		
	TOTAL		
Entertainment	Subscriptions (newspaper, magazines, etc)		
	Entertainment (movies, concerts, etc)		
	Hobbies		
	Pets		
	Tobacco and Liquor		
	Gambling		
	Vacation		
	Other:		
	TOTAL		
Gifts	Gifts (holidays, birthdays, etc)		
	Donations		
	Other:		
	TOTAL		

I hereby certify that the above information is true and authorize the verification of all information.

Name Signature Date

Name Signature Date

Counselor Signature Date