



**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**



## **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\*\*\*\*\***



Applicant's Name: \_\_\_\_\_

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

Co-Applicant's Name: \_\_\_\_\_

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

Counselor's 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.

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, Final Closing Disclosure 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 or refinance a home.

I UNDERSTAND NEWSED CDC IS NOT A REALTOR, LENDER, TAX ADVISOR, NOR LEGAL REPRESENTATIVE. I FURTHER UNDERSTAND THAT MY HOUSING COUNSELOR WILL ONLY PROVIDE GENERAL INFORMATION AND WILL NOT BE REPRESENTING 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's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Counselor'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.

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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.

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\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date



## Authorization to Release Final Closing Disclosure

By signing below, I (we) hereby authorize **NEWSED 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.

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(Print) Applicant's Name

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Applicant's Signature                      Date

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(Print) Co-Applicant's Name

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Co-Applicant's Signature                      Date



**NEWSSED**

Community Development Corporation

**NEWSSED CDC  
MEDIA RELEASE AUTHORIZATION FORM**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

## 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	<i>*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.</i>						
	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 <b>both</b> 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						
	<b>SINGLE RACE CATEGORY</b>		<b>MULTI-RACE CATEGORY</b>					
	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/anaihsespinoza/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 \_\_\_\_\_



**NEWS ED**

Community Development Corporation

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			
<b>Applicant</b>											
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:			
Phone:											
Home Phone			Work Phone			Cell / Other Phone					
Email:											
<b>Race (select one or more):</b>											
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							
<b>Ethnicity (You should select both a "Race" category and a "yes" or "no" for Hispanic origin):</b>											
Hispanic or Latino:		Yes		No		Are you working with Bank of America?		Yes		No	
Disabled?		Yes		No		Active Military:		Yes		No	
Veteran:		Yes		No		Gender:		Female		Male	
Other		Primary Language:									
Highest Level of Education Completed:											
Marital Status:		Single		Married		Divorced		Separated		Widowed	
<b>Household Type (please select the most accurate):</b>											
Female headed single parent household				Married with dependents							
Male headed single parent household				Married without dependents							
Single Adult				Two or more unrelated adults							
Other											
<b>Please list all dependents</b>											
Name		Relationship		Age		Sex		Type of Income		Monthly Income	
Disabled											



# NEWS ED

Community Development Corporation

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
<b>Co-Homeowner</b>							
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:							
<b>Race (select one or more):</b>							
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					
<b>Ethnicity (You should select both a "Race" category and a "yes" or "no" for Hispanic origin):</b>							
Hispanic or Latino:		Yes		No		Are you working with Bank of America?	
Disabled?		Yes		No		Active Military:	
Gender:		Female		Male		Other	
Highest Level of Education Completed:		Primary Language:					
Marital Status:		Single		Married		Divorced	
				Separated		Widowed	
<b>Household Type (please select the most accurate):</b>							
Female headed single parent household		Married with dependents					
Male headed single parent household		Married without dependents					
Single Adult		Two or more unrelated adults					
Other							
<b>Please list all dependents</b>							
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:			
<b>Total:</b>			

**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.				
<b>Total:</b>				

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

**Pre-purchase Information****Do you have a Real Estate Agent?** Yes No*If yes, may we contact them?* Yes No

Realty:	Contact Name:	Phone Number:
Address:	City and County	Zip Code:

**Do you have a Lender?** Yes No*If yes, may we contact them?* Yes No

Bank:	Contact Name:	Phone Number:
Address:	City and County	Zip Code:

**Are you already** (Please check): Pre-qualified Pre-approved**Maximum Mortgage Amount:**

Gross Monthly Income		Housing Expense Ratio		
\$	x	35%	=	\$

Gross Monthly Income		Debt-to-income Ratio		
\$	x	41%	=	\$

Maximum Payment		Escrow Factor		Taxes and insurance
\$	x	24%	=	

Maximum Payment		Taxes and insurance		Monthly debt		PI pmt
\$	-		-		=	

Interest Rate /Terms		Loan amount
____% for 30 yrs	=	

**What is your current rent?** \_\_\_\_\_**How will you be paying for your down payment?** (Please check):

Savings Gift DPA Loan IDA Other \_\_\_\_\_

**Are you interested in hearing more about fair housing rights?**

Yes No

**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 #: \_\_\_\_\_

<b>TOTAL GROSS MONTHLY INCOME</b>		<b>TOTAL MONTHLY EXPENSES</b>	
<b>TOTAL NET MONTHLY INCOME</b>		<b>DIFFERENCE</b>	

**MONTHLY BUDGET**

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

Client ID: \_\_\_\_\_

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

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

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