



NEWSSED
COMMUNITY DEVELOPMENT CORPORATION

We look forward to working with you and identifying a solution to your housing needs. In order for us to provide you with an appointment we request that you gather the documentation listed below submit via email at housing@newsed.org or fax 303-200-9389. Once we receive your documents, we will be in touch with you to schedule an appointment.

Required Documents

- Last two months of Bank Statements (checking and savings ALL PAGES)
- Last two months of pay stubs (CONSECUTIVE DATES)
- Or other forms of income (any that apply)
 - Business Profit and Loss (if self-employed)
 - Social Security Statements
 - Disability Award Letter
 - Alimony and Child Support Documentation
- Last two years of tax returns or transcripts
- Recent Mortgage Statement
- Valid Photo Identification
- If Applicable:
 - Divorce Decree
 - Bankruptcy Documentation

*****Additional documentation may be requested.**

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



NEWSED
COMMUNITY DEVELOPMENT CORPORATION

901 W 10th Ave Suite 2A
Denver, CO 80204
Office: 303-534-8342 x 100
Fax: 303-200-9389
housing@newsed.org

Homeowner Intake Form

Full Name:

Address (Street, City, County, Zip Code):

Is your home in a Rural Area? Yes or No
How long have you been living in this address?

Email Address:

Home Phone Number: Cell Phone Number:

Initial here to opt-in for text messages: Primary Language:

Date of Birth: How did you hear about NEWSED CDC?

Gender (Male, Female, Other): Head of Household? Yes or No

Veteran? Active Military? Disabled? Highest level of Education:
Yes or No Yes or No Yes or No

Marital Status (Check one): Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Household Type (Please check the most accurate):

Female Headed Single Parent Household ☐ Male Single Headed Parent Household ☐ Single Adult ☐

Married with dependents ☐ Married without dependents ☐ Two or more unrelated adults ☐ Other ☐

Ethnicity (please check one) Hispanic/Latino? Yes ☐ No ☐

Race (please select all that apply):

American Indian/ Alaska Native ☐ White ☐ Native Hawaiian/ Pacific Islander ☐ Asian ☐

American Indian/ Alaska Native and Black ☐ American Indian/ Alaska Native and White ☐ Asian and White ☐

Black or African American ☐ Black or African American and White ☐ Other Multiple Race ☐

Number of Households

Please list all dependents:

Full Name:	Relationship to Homeowner	Date of Birth:	Gender (Male, Female, Other):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Homeowner Initials Co-Homeowner Initials



901 W 10th Ave Suite 2A
Denver, CO 80204
Office: 303-534-8342 x 100
Fax: 303-200-9389
housing@newsed.org

Co-Homeowner Intake Form

Full Name:

Address (Street, City, County, Zip Code):

Is your home in a Rural Area? How long have you been living in this address?

Email Address:

Home Phone Number: Cell Phone Number:

Initial here to opt-in for text messages: Relationship to Homeowner:

Date of Birth: Primary Language:

Gender (Male, Female, Other): Veteran? Yes or No Active Military? Yes or No

Ethnicity (please check one) Hispanic/Latino? Yes ☐ No ☐

Race (please select all that apply):

American Indian/ Alaska Native ☐ American Indian/ Alaska Native and Black ☐ White ☐ Asian ☐

American Indian/ Alaska Native and White ☐ Native Hawaiian/ Pacific Islander ☐ Asian and White ☐

Black or African American and White ☐ Black or African American ☐ Other Multiple Race ☐

Homeowner
Initials

Co-Homeowner
Initials



NEWS ED
COMMUNITY DEVELOPMENT CORPORATION

901 W 10th Ave Suite 2A
Denver, CO 80204
Office: 303-534-8342 x 100
Fax: 303-200-9389
housing@newsed.org

Financial Information

Homeowner's Employer

Title:

Hire Date:

Work Phone:

Part Time or Full Time:

Pay frequency (please
check one)

weekly

☐

biweekly

☐

semi-monthly

☐

monthly

☐

Gross Monthly Income
(before taxes):

Net Monthly Income (after
taxes):

Assets (please write down current balance of the following:

Checking Account Balance:

Savings Account Balance:

Cash:

Other (write type of asset and amount)

Co-Homeowner Employer:

Title:

Hire Date:

Work Phone:

Part Time or Full Time:

Pay frequency (please
check one)

weekly

☐

biweekly

☐

semi-monthly

☐

monthly

☐

Gross Monthly Income
(before taxes):

Net Monthly Income (after
taxes):

Assets (please write down current balance of the following, if different from Homeowner):

Checking Account Balance:

Savings Account Balance:

Cash:

Other (write type of asset and amount)

Homeowner
Initials

Co-Homeowner
Initials



NEWSSED
COMMUNITY DEVELOPMENT CORPORATION

901 W 10th Ave Suite 2A
Denver, CO 80204
Office: 303-534-8342 x 100
Fax: 303-200-9389
housing@newsed.org

Liabilities/Debt (Please list any debt you have, including credit cards, loans, etc. Do not include mortgage/utilities):

Creditor Name:	Type (Credit Card, Loan)	Current Balance	Minimum Payment	Whose Debt? H=Homeowner C=Co-Homeowner B=Both

Have you ever declared bankruptcy? If Yes, please write what kind and if discharged when?

I received information on Fair Housing Rights and Credit Acts. (please initial)

Mortgage Information

Original Purchase Price:		Monthly Payment:	
Months Delinquent?		Loan Origination Date:	
Amount Delinquent?		Lender:	
Mortgage Type FHA, CONV, USDA, VA:		Interest Rate:	<div>Fixed Rate? Yes <input type="checkbox"/> No <input type="checkbox"/></div>

Do you have a second mortgage: Yes ☐ No ☐

Original Loan Amount:		Monthly Payment:	
Second Loan Balance:		Loan Origination Date:	
Lender:		Lenders Phone Number:	
Loan Number:		Interest Rate:	<div>Fixed Rate? Yes <input type="checkbox"/> No <input type="checkbox"/></div>
Amount Delinquent?		Months Delinquent?:	
Mortgage Type:	<div>Home Equity Loan <input type="checkbox"/> Home Equity line of Credit <input type="checkbox"/> Piggyback Loans <input type="checkbox"/></div>		

Homeowner Initials Co-Homeowner Initials

--	--



NEWSED
COMMUNITY DEVELOPMENT CORPORATION

901 W 10th Ave Suite 2A
Denver, CO 80204
Office: 303-534-8342 x 100
Fax: 303-200-9389
housing@newsed.org

Monthly Expenses:

Housing:

Mortgage	\$
Utilities (electric/water/etc..)	\$
Internet/cable/and phones	\$
Property Taxes	\$
Homeowner Insurance	\$

Transportation:

Public Transportation	\$
Gas	\$
Car Loan	\$
Car Insurance	\$
Other	\$

Health:

Medicine	\$
Health Insurance	\$
Other	\$

Food:

Groceries	\$
Dinning Out	\$

Personal/Family:

Child Care	\$
Child Support	\$
Clothing/shoes	\$
Entertainment	\$
Other:	\$

Finance:

Minimum credit card/loans	\$
---------------------------	----

Other Expenses :

	\$
	\$
	\$

Total Monthly Expenses: \$

Homeowner
Initials

Co-Homeowner
Initials



CLIENT AUTHORIZATION FORM

I understand that NEWSED CDC provides pre-purchase counseling, credit counseling, financial coaching, foreclosure prevention, lending circles and post-purchase housing counseling, during which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other appropriate agencies. I authorize my housing 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. 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 representatives 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 market rate, traditional terms and reasonable closing fees. It is further understood that in consideration of NEWSED CDC's assistance with my housing situation, I agree to hold harmless NEWSED CDC and its agents and/or employees from any and all claims or causes of actions arising, or which may arise from mistakes, errors, or omissions in regard to these efforts.

I/we hereby authorize NEWSED CDC to verify my/our past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process a mortgage loan or modification application. I/we further authorize NEWSED CDC to order a consumer credit report (and up to two additional times within the 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 program's purposes from the lender or the title company that closes the loan when I purchase or refinance a home. I UNDERSTAND NEWSED CDC IS NOT A REALTOR, LENDER, TAX ADVISOR, NOR MY LEGAL REPRESENTATIVE. I FURTHER UNDERSTAND THAT NEWSED CDC, AS MY HOUSING COUNSELOR, WILL ONLY PROVIDE GENERAL INFORMATION AND WILL NOT BE REPRESENTING ME IN ANY OTHER CAPACITY.

Initial Here _____

PRIVACY POLICY

NEWSED COMMUNITY DEVELOPMENT CORPORATION, INC., a Colorado nonprofit corporation ("NEWSED CDC"), is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We recognize 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 signed authorization. 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.



NEWSED
COMMUNITY DEVELOPMENT CORPORATION

- Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions, and credit card usage.
- Information we receive from a credit reporting agency, such as your credit history.

We may disclose some or all 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. 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 a legal process). 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.

Opting Out of Certain Disclosures

You may direct NEWSED CDC to not disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit NEWSED CDC ability to provide services such as foreclosure prevention counseling. Please **DO NOT SIGN** the release below if you choose to opt-out. If you choose to release your information as stipulated in this Privacy Policy, sign under the "Release" clause. You may change your decision any time by contacting our agency.

Initial Here _____

I understand my right to privacy and approve of the authorizations mentioned herein.

Signature

Social Security Number

Date

CONFLICT OF INTEREST

NEWSED CDC provides comprehensive housing services, including but not limited to pre-purchase counseling, credit counseling, financial coaching, Lending Circles, foreclosure prevention, and post-purchase housing counseling. These efforts are funded from various sources, including the Department of Housing and Urban Development (HUD), UNIDOS US, the City and County of Denver, foundations, and banks.

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 does not obligate me to choose any of these loan products or housing programs or services. I further understand that I am not obligated to use any of these services offered to me.

Initial Here _____

I acknowledge that I have received and read and understand NEWSED CDC's Privacy Policy, Conflict of Interest and this Authorization Form in their entirety.

The electronic signature included in this authorization, in any form, is intended to authenticate this writing, bind the signor hereto, and to otherwise have the same force and effect as manual signatures.

Applicant Name (please print): _____

Applicant Signature: _____ **Date:** _____

Current Street Address: _____

City: _____ **State:** _____ **Zip code:** _____