

Northeast Denver Housing Center

Borrower: _____

Address: _____
City State Zip County

Home Phone, Cell or Work Number Email Address

Social Security Number Age Date of Birth

Co-Borrower: _____

Address: _____
City State Zip County

Home Phone, Cell or Work Number Email Address

Social Security Number Age Date of Birth

Please Answer for Head of Household

Referral Source: _____ **Years Owned Home** _____

Gender: Male/Female Marital Status: _____

Household Size: _____ Number of Dependents: _____

Race: _____ Ethnicity: Hispanic or Latino/Not Hispanic or Latino

Highest Education Level: _____ Disabled: Yes/NO US Vet: Yes/NO

Household Annual Income: \$ _____ HUD AMI: _____

Mortgage Breakdown

Mortgage Type: FHA VA Conv. **Interest Rate:** _____ **Term:** _____

Mortgage Company: _____ **Loan #** _____

Phone Number: _____

Balance: \$ _____ **Estimated Value:** \$ _____

Number of Months Behind: _____

Mortgage Type: 2nd Mortgage HELOC Other

Interest rate: _____ Term: _____

Mortgage Company: _____ Loan # _____

Phone Number: _____

Balance: \$ _____

Number of Months Behind: _____

Cause of Delinquency (Please explain)

Loan # _____ Property Address _____

Monthly Household Income

	Borrower	Co-Borrower
Monthly Gross Wages	\$ _____	\$ _____
Net Income	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
Disability	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Total (Net Income)	\$ _____	\$ _____

Housing Expenses

1 st Mortgage	\$ _____
2 nd Mortgage/Home Equity Loan	\$ _____
Property Taxes/Hazard Insurance (if not escrowed)	\$ _____
Gas/Electricity	\$ _____
Water/Sewage	\$ _____
Trash	\$ _____
Cable/Satellite	\$ _____
Telephone/Cell Phone/Internet	\$ _____
HOA Dues	\$ _____

Living Expenses

Food	\$ _____
Automobile Expenses (<i>maintenance, gas</i>)	\$ _____
Auto Insurance	\$ _____
Health Insurance/Life Insurance	\$ _____
Child Care/Child Support	\$ _____
Medical Bills	\$ _____

Debts

Automobile Loans	\$ _____
Credit Cards	\$ _____
Credit Cards	\$ _____
Student Loans	\$ _____
Other	\$ _____
Total Expenses/Debt	\$ _____

Total Net Income \$ _____ Expenses \$ _____ = _____

By signing below I/we certify that all statements made & included in this form are true and authorize Northeast Denver Housing Center to reach all, for the purpose of providing counseling services

Default counseling is to assist families/individuals to bring their mortgage account current as possible. By signing below I understand that it may be necessary for my home counselor to discuss my credit history, financial situation, employment or information with representatives of financial institutions or agencies 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 that NO information about me will be discussed with anyone not directly involved in my efforts to improve my housing situation. It is expressly understood that it is my option to work with real estate agent, and/or lender, and/or attorney, and/or other representative(s) of my choosing, and the housing counseling agency will work with any such representative in assisting me to improve my housing situation.

Borrower _____ Date _____ Co-Borrower _____ Date _____
 Northeast Denver Housing Center 1735 Gaylord Street Denver, Colorado 80206 (303)377-3334 (8-1-2011 Foreclosure/HECM)

**AUTHORIZATION OF COUNSELING SERVICES
AND DISCLAIMER OF LIABILITY**

Welcome to Northeast Denver Housing Center, Inc. (NDHC). Please read the agreement below concerning the services that will be provided for you and your relationship with your housing counselor and NDHC. Please sign at the end of this agreement to indicate your understanding and acceptance of these terms, and also initial below NDHC's disclaimer of liability to indicate your acceptance thereof.

I would like to participate in counseling sessions to help me improve my housing situation.

- **Pre-purchase counseling:** I understand that entering this program does not guarantee that I will be able to purchase a home under this program.
- **Default counseling:** I understand that this service is designed to help families/individuals to bring their mortgage account current as soon as possible with alternatives such as repayment plans with mortgage companies, deed-in-lieu of foreclosure, bankruptcy, sale of home, etc., but that it does not guarantee that I will be able to bring my account current under this program.
- **Other counseling services:** I understand that other counseling services are offered to assist me in improving my housing situation, but that they do not guarantee that I will be able to improve my housing situation.
- I fully understand that I am not obligated to receive, purchase or utilize any other services offered by Northeast Denver Housing Center, its exclusive partners, in order to receive housing counseling services.

I understand that in order to understand my situation and help me, my housing counselor will need to be aware of, and discuss with me, information about my employment, financial situation, credit history, family. I authorize my housing counselor to disclose this information to relevant parties (i.e. lenders, HUD, my real estate agent) if he or she feels that such disclosure will help improve my housing situation. I also understand that, other than disclosures intended to improve my housing situation, all personal information that I provide to NDHC will be kept completely confidential, and that no information about me will be discussed with anyone not directly involved in my efforts to improve my housing situation.

I authorize Northeast Denver Housing Center, Inc. to obtain a credit report and perform any investigation required to determine my home purchase qualification. Further, by signing below I verify that the information provided is true and accurate. I further authorize my mortgage company, their representative, my real estate agent, potential lenders, HUD, VA, and any other entities with information about my housing and financial situation to disclose such information to Northeast Denver Housing Center, Inc., upon NDHC's request.

I UNDERSTAND THAT NDHC IS NOT A LEGAL REPRESENTATIVE AND THAT NDHC AND MY HOUSING COUNSELOR WILL NOT BE REPRESENTING ME IN ANY CAPACITY OTHER THAN AS A HOUSING COUNSELOR PROVIDING GENERAL INFORMATION. [Redacted] **(Initial here)**

I understand that foreclosure financing and buying a home are legal transactions and proceedings, and that if I want to receive legal advice and/or representation in these matters, I should hire a real estate agent and/or an attorney for that purpose.

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 that NDHC will work with any such representative in assisting me in improving my housing situation.

[Redacted]
Borrower Signature Date

Housing Counselor Signature

Print Name

Housing Counselor Printed Name

Co-Borrower Signature Date

Social Security Number

[Redacted]
Address , City, State, Zip code

Loan Number

INSTRUCTIONS FOR REVIEWING AND DETERMINING ELIGIBILITY OF APPLICANT COMPLETING THE STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS FORM:

The Department of Housing and Urban Development – Community Development Block Grants have been awarded to fund this activity. Federal regulations require the activity to provide benefit to at least 51 percent low- and moderate-income persons. All questions on the Statement of Household Income/Demographics Form must be completed. The form must be acknowledged and signed.

1. Verify that all questions are completed. Note that Question 7 pertains to all household members served directly by your program. Question 8 a and b apply to the same population. **Both** questions 8a and 8b must be completed and should total to the same number. For example, if three members of the household are identified as non-Hispanic and one is identified as Hispanic, the total of the numbers in the race category must total four.

2. Check the table to verify that the applicant has selected one of ten choices as outlined in the race category of the table. *(See HUD OMD Standards for Federal Data on Race & Ethnicity.)*
 NOTE: Question No. 4 only applies to the head of the household. However, the person completing the Statement does **not** have to be the head of household.

3. Based on the responses to questions #5 and #6, use the income limit table below to determine percentage median income.
 - a. Find column for household size. (Refer to answer to question 6)
 - b. Staying in same household size column, find income range that corresponds to total household income. (Refer to answer to question 5)
 - c. The percentage of median income is shown to the furthest left column.
 - d. On the bottom of the “STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS”, mark percentage of median income in “FOR OFFICE USE ONLY SECTION”

EXAMPLE: If the total number of persons in a household is three (3) and the total household income is \$34,000, the median income level is 50% of Median Income. The median income level is 50% because the total household income is “at or below” \$36,000; however, it is above 30% median income (\$21,600).

2015 INCOME GUIDELINES (effective 3/10/2015)								
80% of Median Income Guidelines (Low Income):								
Household Size	1	2	3	4	5	6	7	8
Annual Income	\$44,750	\$51,150	\$57,550	\$63,900	\$69,050	\$74,150	\$79,250	\$84,350
50% of Median Income Guidelines (Very Low Income)								
Household Size	1	2	3	4	5	6	7	8
Annual Income	\$28,000	\$32,000	\$36,000	\$39,950	\$43,150	\$46,350	\$49,550	\$52,750
30% of Median Income Guidelines (Extremely Low Income)								
Household Size	1	2	3	4	5	6	7	8
Annual Income	\$16,800	\$19,200	\$21,600	\$24,350	\$28,410	\$32,570	\$36,730	\$40,890

The Statement of Household Income/Demographics form must be signed and dated by the prospective/active applicant if that individual is 18 or older, or the individual’s parent/legal guardian if the applicant is under 18 years of age.

If you have questions, need technical assistance in the review of this form or in the determination of eligibility, contact your OED representative.

VERIFICATION AFFIDAVIT

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one):

_____ I am a 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 to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in 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 Applicant

Northeast Denver Housing Center's Privacy Policy

Northeast Denver Housing Center 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. We may also use anonymous aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

Northeast Denver Housing Center will treat program participant information as totally confidential and that information will not be discussed with anyone without expressed written consent from the program participant and then only on housing related issues.

All documentation with confidential program participant information that is not needed in the case file will be destroyed using a shredder. NONE of this information will be put in the trash receptacle.

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. Initials _____
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 303.377.3334 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.

Signature

Date