

2018 STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS

The Department of Housing and Urban Development – Community Development Block Grant funds have been awarded to fund Northeast Denver Housing Center 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 Name** _____
3. **Home Address:** _____
 (address) (city) (state) (zip code)
4. **Is the Head of Household:**
 - a. Female? Yes _____ No _____
 - b. Disabled? Yes _____ No _____
 (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.)
 - c. Age 62 years or older? Yes _____ No _____
5. **Total annual household income:** _____ (Income applies to all adults 18 years or older living in household)
6. **Total Number of Persons in Household:** _____ Reverse Mortgage
7. **Number of household members being served by program:** _____ **Name of Program:** _____

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
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**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. _____ (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.

Borrower Signature Date

Print Name

Co-Borrower Signature Date

Address , City, State, Zip code

Housing Counselor Signature

Housing Counselor Printed Name

Social Security Number

Loan Number

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

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



eHome America (NDHC) Follow up Session Evaluation Tool



Please take a moment to complete our eHome America (NDHC) certification evaluation tool. It is very important for us to hear from you! Based on your answers we can make changes to improve services provided to our clients.

***Your certificate of completion will be e-mailed immediately after the receipt of this survey.**

Thank you.

Please choose the best answer for each of the following.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
The information presented was clear and easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor presenting the information was concise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The length of the follow up session was appropriate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The counselor called me on time for my appointment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The course increased my knowledge of the subject matter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would recommend this course to other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please send us your comments.