

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 initial below NDHC's disclaimer of liability to indicate your acceptance.

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.
- **Reverse Mortgage Counseling and Other Counseling Services:** I understand that other counseling services are offered to assist me in improving my housing situation, but it does not guarantee that I will be able to improve my housing situation.
- **Credit Counseling:** I understand that this credit counseling service is to assist me with my credit needs, but, does not guarantee that I will be able to improve my credit situation.

I understand that in order to provide service, my Housing Counselor will need to be aware of, and discuss with me, information about my employment, financial situation, credit history, family and related matters. 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 improve my housing. 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, upon NDHC' S request.

I also understand that, other than disclosures intended to improve my housing situation, all personal information that I provide to Northeast Denver Housing Center will be kept confidential, and that no information about me will be discussed with anyone not directly involved in my efforts to improve my housing situation. I am also not obligated to receive, purchase or utilize any other services offered by Northeast Denver Housing Center, or its exclusive partners, in order to receive housing counseling services.

By signing below, I verify that the information provided is true and accurate to the best of my knowledge.

I UNDERSTAND THAT NORTHEAST DENVER HOUSING CENTER IS NOT A LEGAL REPRESENTATIVE AND THAT NORTHEAST DENVER HOUSING CENTER AND MY HOUSING COUNSELOR WILL NOT BE REPRESENTING ME IN ANY CAPACITY OTHER THAN AS A HOUSING COUNSELOR PROVIDING GENERAL INFORMATION. I understand that foreclosure financing and home buying are legal transactions and proceedings, and that I should hire a real estate and/or attorney to receive legal advice and or/representation.

Client Signature

Date

Housing Counselor

Date

Client Signature

Date

Address, City, State, Zip code

2021 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:** _____ **HBC**
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	
<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaska Native & White
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	American Indian/Alaska Native & Black / African American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	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

Northeast Denver Housing Center

PRIVACY POLICY

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.

POLITICA DE PRIVACIDAD

Northeast Denver Housing Center tratará la información de los participantes de programas completamente confidencial y la información no será discutida con nadie sin expreso consentimiento por escrito del participante del programa y entonces, siempre en tópicos relacionados a vivienda.

Todos los documentos con información confidencial del participante que no sean necesarios en el archivo del caso serán destruidos por trituradora. **NINGUNA** información será puesta en la basura.

Borrower

Date

Co- Borrower

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

VERIFICATION AFFIDAVIT

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

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[Print] Name of Applicant