



**Del Norte Neighborhood Development Corporation**

3275 West 14<sup>th</sup> Ave #202

Denver, CO 80204

Phone: (303) 477-4774 Ext. 17

Fax: 303:433-0924

Email: [rmadrigal@delnortendc.org](mailto:rmadrigal@delnortendc.org)

---

**Post Purchase Checklist**

To better assist you with the most effective and efficient counseling service, completely fill out the attached Intake Application and provide **COPIES** of all the required documents.

Bring one good visible **COPY** of the following documents:

- Driver's License or Identification Card
- Last pay check stubs or proof of any source of income (last 30 days)  
(Check Stubs, Child Support, award letter from Social Security, award letter from Disability, proof of Unemployment, Self-Employment Profit/Loss Statements, etc.)
- Last mortgage statement(s) (House payment)
- Last 2 years of Tax Returns and W-2/1099 Forms
- Last 2 months of bank statements (all pages)
- Documents of the purchase (Note and Deed of Trust)
- Hud-1/Settlement Statement (documents of the purchase)
- Monthly expenses, including credit cards debt minimum monthly payments and balances.
- Utility bill

Based on options that will be discussed with your housing counselor, additional financial documentation may be required. Please call (303) 477-4774 ext. 17 to schedule your counseling appointment.

Counseling Location: 3275 West 14<sup>th</sup> Avenue #202, Denver, CO 80204

Please arrive on time to your appointment and bring all the documents listed above.



**Del Norte Neighborhood Development Corporation**

3275 West 14<sup>th</sup> Ave #202

Denver, CO 80204

Phone: (303) 477-4774 Ext. 17

Fax: 303:433-0924

Email: [rmadrigal@delnortendc.org](mailto:rmadrigal@delnortendc.org)

---

**Del Norte Neighborhood Development Corporation  
Client Authorization/Disclosure Form**

Client(s) Name: \_\_\_\_\_

Del Norte Housing Counselor: \_\_\_\_\_

I would like to participate in Del Norte NDC counseling sessions to help improve my housing situation. I understand that the home counselor may discuss information about my credit history, financial situation, employment and other information with me and with other representatives of financial institution or agencies as necessary to assist 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 efforts to improve my housing situation.

I (we) understand that we are free to choose any loan product or house even though Del Norte NDC may provide us with information on loan products or special housing program for which they may be paid a counseling or administration fee. I (we) understand that we are under no obligations to utilize any of the products or services of any partners of Del Norte NDC in order to receive counseling.

A counselor may answer my questions and provide information but not give legal advice. If I need legal advice, I will be referred to an appropriate agency.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Address \_\_\_\_\_

Phone \_\_\_\_\_

## **AUTHORIZATION & PRIVACY POLICIES**

1. I understand that Del Norte Neighborhood Development Corporation provides foreclosure mitigation counseling after which I will receive a written action plan consisting of recommendations for handling my finances, possibly including referrals to other housing agencies as appropriate.
2. I understand that that Del Norte Neighborhood Development Corporation receives Congressional funds through the National Foreclosure Mitigation Counseling (NFMC) program and, as such, is required to share some of my personal information with NFMC program administrators or their agents for purposes of program monitoring, compliance and evaluation.
3. I give permission to NFMC & NCLR program administrators and/or their agents to follow-up with me within the next three years for the purpose of program evaluation.
4. I acknowledge that I have received a copy of Del Norte Neighborhood Development Corporation's Privacy Policy.
  - I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.
  - A counselor may answer questions and provide information, but not give legal advice. If I want legal advice, I will be referred for appropriate assistance.

Del Norte Neighborhood Development Corporation 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 303-477-4774 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 \_\_\_\_\_



## DEL NORTE

Neighborhood Development Corporation

### Client Information

<b>Name:</b>			<b>SSN:</b>		<b>Age:</b>
<b>Property Address:</b>				<b>County:</b>	
<b>Home Phone</b>	<b>Cell Phone</b>	<b>Work Phone</b>	<b>Email</b>		
<b>Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian and other Islander <input type="checkbox"/> Multiple Races					
<b>Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Other		<b>Family Size:</b>		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
<b>House Type</b> <input type="checkbox"/> Female headed single parent household <input type="checkbox"/> Male headed single parent household <input type="checkbox"/> Single Adult <input type="checkbox"/> Two or more unrelated adults <input type="checkbox"/> Married with children <input type="checkbox"/> Married without children <input type="checkbox"/> Other					

### Mortgage Information

<b>Original Purchase Price</b> \$	<b>Monthly mortgage Payment</b> \$	<b>Balance of mortgage</b> \$	<b>Amount Delinquent</b> \$
<b>Purchase Date</b>	<b>Mortgage Lender</b>	<b>Account Number</b>	
<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Interest Rate</b> %	<b>Type of Loan</b> <input type="checkbox"/> FHA <input type="checkbox"/> CON <input type="checkbox"/> VA	
<b>How many months behind</b>	<b>Has lender initiated foreclosure proceedings?</b>	<b>Sale date if foreclosure is scheduled</b>	

### Second Mortgage

<b>Original Purchase Price</b> \$	<b>Monthly mortgage Payment</b> \$	<b>Balance of mortgage</b> \$	<b>Amount Delinquent</b> \$
<b>Purchase Date</b>	<b>Mortgage Lender</b>	<b>Account Number</b>	
<input type="checkbox"/> Fixed <input type="checkbox"/> Variable	<b>Interest Rate</b> %	<b>Type of Loan</b> <input type="checkbox"/> FHA <input type="checkbox"/> CON <input type="checkbox"/> VA	
<b>How many months behind</b>	<b>Has lender initiated foreclosure proceedings?</b>	<b>Sale date if foreclosure is scheduled</b>	

Did anyone offer to help modify your mortgage, either directly, through advertising, or by any other means such as a flyer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Employment Income**

Household	Company Name	Position/title	Start Date: (mm/dd/yyyy)	Gross Monthly income	Net Monthly Income
<b>Homeowner</b>					
Name:					
<b>Co-Homeowner</b>					
Name:					
<b>Unemployment</b>			Start Date (mm/dd/yyyy)	Weekly Income	Monthly income
Name:					

**Reason for hardship:**

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---



**EXHIBIT D  
VERIFICATION AFFIDAVIT**

I, \_\_\_\_\_, swear of 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

# Personal Monthly Budget

INCOME		Budget	
Wages & Tips			
Interest Income			
Dividends			
Gifts Received			
Refunds/Reimbursements			
Child Support / Alimont			
Rental Income			
Unemployment			
<b>Total INCOME</b>	-		

HOME EXPENSES		Budget	
Mortgage/Rent			
Home/Rental Insurance			
Electricity			
Gas/Oil			
Water/Sewer/Trash			
Phone			
Cable/Satellite			
Internet			
Furnishings/Appliances			
Lawn/Garden			
Maintenance/Supplies			
Improvements			
Other			
<b>Total HOME EXPENSES</b>			

TRANSPORTATION		Budget	
Vehicle Payments			
Auto Insurance			
Fuel			
Bus/Taxi/Train Fare			
Repairs			
Registration/License			
Other			
<b>Total TRANSPORTATION</b>			

HEALTH		Budget	
Health Insurance			
Doctor/Dentist			
Medicine/Drugs			
Health Club Dues			
Life Insurance			
Veterinarian/Pet Care			
Other			
<b>Total HEALTH</b>			

CHARITY/GIFTS		Budget	
Gifts Given			
Charitable Donations			
Religious Donations			
Other			
<b>Total CHARITY/GIFTS</b>	-		

SUBSCRIPTIONS		Budget	
Newspaper			
Magazines			
Dues/Memberships			
Other			
<b>Total SUBSCRIPTIONS</b>	-		

MONTHLY BUDGET SUMMARY		Budget	
<b>Total Net Income</b>			
<b>Total Expenses</b>			
<b>Surplus</b>			

DAILY LIVING		Budget	
Groceries			
Personal Supplies			
Clothing			
Cleaning			
Education/Lessons			
Dining/Eating Out			
Salon/Barber			
Pet Food			
Other			
<b>Total DAILY LIVING</b>	-		

ENTERTAINMENT		Budget	
Videos/DVDs			
Music			
Games			
Rentals			
Movies/Theater			
Concerts/Plays			
Books			
Hobbies			
Film/Photos			
Sports			
Outdoor Recreation			
Toys/Gadgets			
Vacation/Travel			
Other			
<b>Total ENTERTAINMENT</b>	-		

SAVINGS		Budget	
Emergency Fund			
Transfer to Savings			
Retirement (401k, IRA)			
Investments			
Education			
Other			
<b>Total SAVINGS</b>	-		

OBLIGATIONS		Budget	
Student Loan			
Other Loan			
Credit Cards			
Alimony/Child Support			
Federal Taxes			
State/Local Taxes			
Other			
<b>Total OBLIGATIONS</b>	-		

MISCELLANEOUS		Budget	
Bank Fees			
Postage			
Other			
Other			
<b>Total MISCELLANEOUS</b>	-		