



Pre-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 30 days of ALL Household Income

(Check Stubs, Child Support, Social Security, Disability, Unemployment, Self-Employment Profit/Loss Statements, etc.)

- Last 2 years of Tax Returns and W-2/1099 Forms
- Last 2 months of bank statements (all pages) for all asset accounts

(Checking, savings, 401(k), etc.)

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

Counseling Location: 3275 West 14th Avenue #202, Denver, CO 80204

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



Pre-Purchase Counseling Intake

PLEASE PRINT CLEARLY

PERSONAL INFORMATION

Primary Client Name _____ Date of Birth _____ Social Security # _____

Co-Client Name _____ Date of Birth _____ Social Security # _____

Address _____ City _____ State _____ ZIP _____

How long have you lived at this address? _____ yrs. _____ mos. Rent Own Other

Monthly Payment \$ _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Email Address: _____

Primary Client Gender: Male Female Disabled Head of Household

Co-Client Gender: Male Female Disabled Head of Household Relationship to Primary Client _____

Family Type: Single Adult Married without Children Married with Children Divorced Widowed

Family Size: ____ Language Preference: English Spanish Other: _____

Who referred you to our agency? (Please Circle)

Print Advertisement Bank TV DN Staff Radio Realtor Friend Internet Other

EMPLOYMENT INFORMATION

Primary Client's Employer _____ Work Phone (____) _____ - _____

Occupation/Title _____ How Long? _____ yrs. _____ mos. Self Employed

Income \$ _____ Weekly Bi-Weekly Bi-Monthly Monthly Year

Co-Client's Employer _____ Work Phone (____) _____ - _____

Occupation/Title _____ How Long? _____ yrs. _____ mos. Self Employed

Income \$ _____ Weekly Bi-Weekly Bi-Monthly Monthly Year

Other Household Income Sources (amount per month)

Bonuses/Commission \$ _____ Child Support \$ _____ Spousal Support \$ _____
 SSI \$ _____ Unemployment \$ _____ VA \$ _____ Other \$ _____

Household Current Assets (current balances)

Checking \$ _____ Savings \$ _____ Stock/Bonds \$ _____
 401 K \$ _____ Gift Funds \$ _____ CD/Money Market \$ _____
 Other \$ _____ Other \$ _____ Other \$ _____

Household Monthly Debt Obligations (minimum amount due per month)

Total Credit Card Payments \$ _____ Student Loans \$ _____
 Car Payments \$ _____ Personal Loans \$ _____
 Child Support \$ _____ Other _____ \$ _____

Please circle your answer.

	PRIMARY CLIENT	CO-CLIENT
Are you a first Time Homebuyer?	Yes No	Yes No
Ethnicity:	Hispanic Non-Hispanic	Hispanic Non-Hispanic
Race:	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other	American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other
Do you intend to occupy the property as your primary residence?	Yes No	Yes No
Have you owned any property in the past 3 years?	Yes No	Yes No
Have you declared bankruptcy within the past 7 years?	Yes No	Yes No
Have you had a property been foreclosed on or given title or deed in lieu therefor in the past 7 years?	Yes No	Yes No
What is your citizenship?	US Citizen Permanent Resident Non-Permanent Resident	US Citizen Permanent Resident Non-Permanent Resident
Active Military?	Yes No	Yes No
Highest Level of Education	High School Diploma Two Year College Bachelor's Degree Master's Degree	High School Diploma Two Year College Bachelor's Degree Master's Degree

Agreement

By signing below, I (we) acknowledge that a copy of this form is as valid as the original. I (We) acknowledge that the information I (we) have provided in this form is true and accurate to the best of my (our) knowledge. This Intake Application and all financial documents submitted will be retained by the Affordable Housing Program of Del Norte Neighborhood Development Corporation (counseling agency) even if I (we) do not obtain the result I (we) desired or decide to withdraw from their services.

I (We) have given this information to the counseling agency to determine if I (we) are mortgage ready to begin the process of applying for a mortgage loan to purchase a house. I (We) understand that this form may be provided to any source deemed necessary to process my (our) mortgage loan request. I (We) also understand that receiving services from the counseling agency does not guarantee me (us) a mortgage loan, house, or any other tangible benefit. The counseling agency makes no final determination concerning my (our) ability to meet the down payment assistance programs requirements or lending requirements of any particular lender. The counseling agency also owns and sells real estate; however, I (we) are under no obligation to purchase real estate through this agency.

Authorization to Verify Credit

I (We) hereby authorize the counseling agency to obtain a soft pull credit report. The counseling agency can make any other inquiries necessary to determine if I (We) are ready to apply for a mortgage loan.

Privacy Policy

The Homeownership Program at Del Norte Neighborhood Development Corporation Concerns values your trust and is committed to the responsible management, use and protection of personal information. This notice describes our policy regarding the collection and disclosure of personal information. Personal information, as used in this notice, means information that identifies an individual personally and is not otherwise publicly available information. It includes personal financial information such as credit history, income, employment history, financial assets, bank account information and financial debts. It also includes your social security number and other information that you have provided us on any applications or forms that you have completed.

Information We Collect

We collect personal information to support our housing counseling and to aid you in the services you desire. We collect personal information about you from the following sources:

- Information that we receive from you orally, on applications or other forms,
- Information about your transactions with us, our affiliates or others,
- Information we receive from a consumer reporting agency, and
- Information that we receive from personal and employment references.

Information We Disclose

We may disclose the following kinds of personal information about you:

- Information we receive from you orally, on applications or other forms, such as your name, address, number, employer, occupation, assets, debts and income;
- Information about your transactions with us, our affiliates or others, such as your account balance, payment history and parties to your transactions; and
- Information we receive from a consumer reporting agency, such as your credit bureau reports, your credit history and your creditworthiness.

To Whom Do We Disclose

We may disclose your personal information to the following types of unaffiliated third parties:

- Financial service providers, such as companies engaged in providing home mortgage or home equity loans, Others, such as nonprofit organizations involved in community development, but only for program review,

We may also disclose personal information about you to third parties as permitted by law.

Confidentiality and Security

We restrict access to personal information about you to those of our employees who need to know the information to provide services to you and to help them do their jobs aiding you in obtaining housing counseling. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. Our safeguards comply with federal regulations to guard your personal information.

Print Primary Client's Name

Print Co-Client's Name

Primary Client's Signature

Date

Co-Client's Signature

Date





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			
Reental Income			
Unemployment			
Total INCOME	-		

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			
Total HOME EXPENSES			

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

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

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

SUBSCRIPTIONS		Budget	
Newspaper			
Magazines			
Dues/Memberships			
Other			
Total SUBSCRIPTIONS	-		

MONTHLY BUDGET SUMMARY		Budget	
Total Net Income			
Total Expenses			
Surplus			

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

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

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

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

MISCELLANEOUS		Budget	
Bank Fees			
Postage			
Other			
Other			
Total MISCELLANEOUS	-		



Del Norte Neighborhood Development Corporation

3275 West 14th Ave #202

Denver, CO 80204

Phone: (303) 477-4774 Ext. 17

Fax: 303:433-0924

Email: rmadrigal@delnortendc.org

Authority to Release HUD-1 Settlement Statement

By signing below, I (we) hereby authorize Del Norte Neighborhood Development Corporation to obtain a copy of my **HUD-1 SETTLEMENT STATEMENT** from the Title Company, Mortgage Lender or Realtor for the purpose of closing my file, in indeed I (we) purchase a property. I (We) acknowledge that a copy of this form is as valid as the original.

Privacy Act Notice: This information is to be used by the agency collecting it and it will not be disclosed outside the agency except as required and permitted by law.

Print Primary Client's Name

Print Primary Client's Name

Primary Client's Signature

Date

Primary Client's Signature

Date