



Del Norte Neighborhood Development Corporation

3275 West 14th Ave #202

Denver, CO 80204

Phone: (303) 477-4774 Ext. 17

Fax: 303-433-0924

Email: ccervantes@delnortendc.org

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.

***Please request a copy of your free credit report by visiting www.annualcreditreport.com please do not sign up for any services or pay for your FICO score, it's not needed for this appointment.**

Based on various options that will be discussed with your housing counselor, additional financial documentation may be required. Please call Cecilia Cervantes 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 _____

Co-Client Name _____ Date of Birth _____

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



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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		
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	-	