Privacy Policy

NEWSED CDC 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 303-534-8342 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.

******Please keep this form for your records******
WORKSHOP INTAKE FORM

GENERAL INFORMATION

First Name: ___________________ Middle Name: ___________________ Last Name: ___________________

Date of Birth: ________________ Age____ Gender: Male ______ Female: ______

Current Home Address: ________________________________________________________________

City: _________________________ State: ___________________ Zip Code: ___________

Home Phone: _________________ Work Phone: _______________ Other/ Cell Phone: ___________

Preferred Language: ___________ Highest Level of Education Completed: _______________

E-mail: ________________________________

Disabled? Y / N  Active Military? Y / N  Veteran? Y / N

How did you hear about this workshop? (Check all that apply)


Lender (Bank): ____ Word of Mouth (friend, family): ____ Radio/TV/Newspaper: ____

DEMographics

Race:

American Indian/Alaska Native  Black or African American
American Indian/Alaska Native and Black  Black/African American & White
American Indian/Alaska Native and White  Native Hawaiian/other Pacific Islander
Asian  Other multiple race
Asian and White  White

Ethnicity:

Hispanic/Latino  Yes  No

Number of people in your household: ____  Total Number of Adults: ____  Total Number of Children: ____

Are you: Married  Divorced  Single  Separated  Widow

FINANCIAL INFORMATION

Household Annual Income (yearly): $ ____________

Are you a single parent (head of household) financially supporting at least one child? Yes ____ No ____

Current Residence:  Rent  Own

Where are you currently in the home buying process?

Just getting started  Looking for a property  Under Contract  Ready to Close

________________________________________  ______________________________________
Signature  Date
2018 STATEMENT OF HOUSEHOLD INCOME/DEMOGRAPHICS

The Department of Housing and Urban Development – Community Development Block Grant funds have been awarded to fund NEWSED CDC’s 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: __________________________________________

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 the household: ______

7. Number of household members being served by the program (# attending the class): ______
   Name of Program: CHFA FTHBC

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)

<table>
<thead>
<tr>
<th>SINGLE RACE CATEGORY</th>
<th>MULTI-RACE CATEGORY</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>American Indian/Alaska Native &amp; White</td>
</tr>
<tr>
<td>Black/African American</td>
<td>Asian &amp; White</td>
</tr>
<tr>
<td>Asian</td>
<td>Black/African American &amp; White</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>American Indian/Alaska Native &amp; Black / African American</td>
</tr>
<tr>
<td>Native Hawaiian/Other Pacific Islander</td>
<td>Other Multi-race (Please explain)</td>
</tr>
</tbody>
</table>

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

H:\Forms\2018\Forms 2018 (English)\HBC Individual Forms\HBC Statement Household Income Demographics 2018.doc
EXHIBIT C

VERIFICATION AFFIDAVIT

I__________________________________________, swear or affirm under penalty of perjury under the law of State of Colorado that (check one):

_________ I am 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 the receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation on this 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