



COLORADO
HOUSING ASSISTANCE
CORPORATION

CHAC Prepurchase Intake

CHAC Counseling Policy

1. Intake and additional documents for phone appointments should be sent ideally 24 hrs prior to phone call.. Fax #303-573-9214 or email (see email address below for your counselor).
2. No originals, only copies
3. Remember to submit the completed intake packet, record of any income, budget, copy of credit report(if you have one) , and any other relevant documentation.
4. Clients are encouraged to look at all mortgage programs, and communicate with any lender or realtor
5. Clients are encouraged to maintain contact with CHAC.
6. If no response from client after three attempts, file will be closed.

CHAC Appointment Date, Time and Phone or Face to Face: _____

CHAC Counselor & email: _____

Client Information:

Buyer:

#1: _____

SS#: _____ DOB: ____/____/____

Buyer:

#2: _____

SS#: _____ DOB: ____/____/____

Address: _____

Home #: _____ Cell: _____ Wk.: _____

Email: _____

Household size: _____ Race: _____ Ethnicity: Hisp/Not hisp

Household type: (circle)

- 1.Sgl adult; 2.Female sgl parent; 3. Male sgl parent; 4. Married w/out children
5. Married w/children; 6.Two or more unrelated adults; 7. Other

Education: (circle)

1. No grad; 2. HS diploma; 3. Assoc; 4. Bachelors; 5. Masters; 6. PHD



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Buying Information

I(We) have attended a CHFA approved HBE class: _____

Look to buy in next 90 days, 120 days or longer: _____

Do you have a realtor and or lender:

Lender Information: _____

Realtor Information: _____

What do you believe to be your challenge in buying at this time:

___ credit issues ___ lack of down payment ___ budget issues ___ affordability

Explanation of what you want to accomplish with counseling:

Money saved at this time: _____

Referred to CHAC by: _____

Please complete intake packet, budget and submit additional paperwork:

- **Recent utility bill** * recent record of household income * Recent tax return
- * any other relevant documentation



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BUDGET

Household Monthly Income:

1. Source of income: _____, Gross monthly income: _____
Net monthly income: _____

2. Source of income: _____, Gross monthly income: _____
Net monthly income: _____

3. Source of income: _____, Gross monthly income: _____
Net monthly income: _____

Household Monthly Expenses:

1. Rent _____

2. Utilities: Gas _____ Electricity _____ Water _____ Trash _____

3. Phone _____ Internet _____ Cable _____

4. Groceries _____ Eating out _____

5. Medical: RX _____ Drs appts _____

6. Insurance: Life _____ Medical _____ Auto _____

7. Credit cards _____ Total balance of all cards _____

8. Student loans _____

9. Car expenses: Gas _____ Maintenance _____ Car payment _____

10. Other expenses:
 - a. _____
 - b. _____
 - c. _____
 - d. _____

Net monthly income: _____ - **monthly debts** _____ = _____

Budget action plan: (to be done with housing counselor at appt)

- 1.
- 2.
- 3.
- 4.

Client initials _____ **Counselor initials** _____ **Date** _____



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Counseling Agreement

I/We _____ hereby request the services of Colorado Housing Assistance Corporation (CHAC), to receive housing counseling regarding either my mortgage concerns or to prepare for mortgage readiness.

I/We agree to:

1. Provide my information required by CHAC in order to complete the counseling process
2. Give permission for CHAC's counseling to communicate with the lender and/or any other relevant party, regarding the mortgage matter.
3. Give permission to any lender from which I/we obtain a mortgage loan to discuss my loan with a CHAC counselor.

I/We authorize CHAC counselor to:

1. Obtain information from other sources which may be necessary to complete the counseling process. Those other sources may include credit reporting agencies.
2. Release my information collected by CHAC, to third parties (i.e.-HUD, NFMC) for the limited purpose of monitoring the CHAC program performance substantiating program activity and evaluating the effectiveness of homeownership counseling.

I/We understand that:

1. CHAC will not charge me/us for its counseling services, but may be charged a fee to obtain a credit report.
2. CHAC is not an agent for any mortgage lender or real estate agency.
3. CHAC has no authority to approve or deny a first mortgage loan application
4. CHAC will preserve strict confidentiality of any information provided, except as, stated in this agreement, or later authorized in writing by me/us.
5. I/we have the opportunity to "opt-out" of disclosures of my nonpublic personal information to third parties. I/we understand that if I "opt-out", it could limit the counselor's ability to communicate information that is critical to the effectiveness of housing counseling. I wish to "opt – out" : (initial) _____

Participation in CHAC's education or counseling program does not:

1. Require or commit me/us in any way to use any CHAC's services.
2. Guarantee approval for CHAC's lending programs, or other applications.

In consideration of CHAC's assistance regarding either resolving a mortgage concerns or preparing for mortgage readiness, I/we agree to hold CHAC, its employees and agents, harmless from any losses, claims, liabilities or damages alleged to arise from CHAC services.

Signature /Date

Signature / Date



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Consent Form

1. I/We understand that Colorado Housing Assistance Corporation (CHAC) provides foreclosure prevention counseling and homebuyer counseling services. I/We will receive an action plan that will consist of steps the housing counselor and I/we will need to act on, to try to accomplish the goal of either preventing foreclosure or purchasing my /our first home.
2. I/We understand that CHAC may receive congressional funds through the National Foreclosure Mitigation Counseling program (NFMC) or other funds. When such funds are allocated, CHAC may be required to share some of my/our personal information with NFMC, HUD or other funders, for the purpose of doing a follow-up and/or measuring compliancy.
3. I/We acknowledge that I/we have received a copy of the CHAC privacy policy (read below).
4. I/We may be referred to other services that CHAC deems appropriate to aid with my/our action plan.
5. A counselor may answer questions and provide information, but not give legal advice
6. I/We understand that CHAC provides information and education on numerous loan products and housing programs and I/we further understand that the housing counseling I/we receive from CHAC in no way obligates my/our use of any of these particular loan programs and housing programs.

___ I/We agree to terms and conditions

___ I/We disagree. Explanation: _____

Printed Name/Signature/ Date

Printed Name/Signature/ Date

Privacy Statement

If you are like most Americans, privacy is a big concern to you. We want you to know that CHAC share's this concern. State and federal laws pledge us to keep your information confidential unless we are required by a legal authority to divulge the information. CHAC wil not dispose of any non-public personal information regarding its clients or former clients to any nonaffiliated third party agency except as directed by or with express consent of the client or to protect against fraud or respond to judicial process. Your personal information is stored in a secure space or in a secure computer. Any documentation will be shredded when a file has expired the term of retainment.