

INFORMATION SHEET

MAIL TO: Colorado Housing Assistance Corporation, 670 Santa Fe Drive, Denver, CO 80204

Phone: (303) 572-9445 Fax: (303) 573-9214

Applications may be e-mailed to newloans@coloradohousingassistance.org

OR faxed to 303-339-8439

To be completed by Lender:

Mortgage Company _____

Loan Officer _____

Phone _____ FAX _____ e-mail _____

Processor _____

Phone _____ FAX _____ e-mail _____

Mailing Address _____

City, Zip _____

Realty Company _____ Phone _____

Realtor _____ e-mail _____ Fax _____

Property & Loan Information:

Borrower/Co-borrower _____

Property Address _____

Closing Date _____ County _____

Sales Price \$ _____

Year Built _____ if prior to 1978 please provide certification that property has passed a visual lead based paint assessment -or- has had lead based paint abated. Borrower may not waive this requirement. For additional information please call (303) 572-9445

Earnest Money \$ _____ paid by _____ (check, money order, note, etc)

Gift Funds \$ _____ Source _____

Seller Concessions \$ _____ Other Assistance \$ _____

POC's \$ _____ (amt, type i.e. \$300, appraisal)

Mortgage Type _____ (FHA, CHFA , Fannie 97, etc.)

Interest Rate _____ Details _____ (ARM, Buydown, etc.)

CHFA First Time Homebuyer class attended: _____
(please provide information - location, date, certificate)

The borrower is better served in _____ (English, Spanish, etc.)

List any special needs _____ (handicap entrance, signed class, etc)

Special Considerations: (i.e. compensating factors, etc.)

Borrower Information (this page is to be filled out and signed by the borrower):

Head of Household / Borrower Demographic Information:

<u>Name</u>	<u>Sex/Gender</u>	<u>Disabled?</u>	<u>Age</u>	<u>Hispanic</u>	<u>Race</u>	<u>Monthly Income</u>
_____	M___ F___	Y___ N___	_____	Y___ N___	_____	\$ _____

Co-head of Household / Co-borrower Demographic Information:

<u>Name</u>	<u>Sex/Gender</u>	<u>Disabled?</u>	<u>Age</u>	<u>Hispanic</u>	<u>Race</u>	<u>Monthly Income</u>
_____	M___ F___	Y___ N___	_____	Y___ N___	_____	\$ _____

Other Household Member Demographic Information (list all people living in the house):

<u>Name</u>	<u>Sex/Gender</u>	<u>Disabled?</u>	<u>Age</u>	<u>Hispanic</u>	<u>Race</u>	<u>Monthly Income</u>
_____	M___ F___	Y___ N___	_____	Y___ N___	_____	\$ _____
_____	M___ F___	Y___ N___	_____	Y___ N___	_____	\$ _____
_____	M___ F___	Y___ N___	_____	Y___ N___	_____	\$ _____
_____	M___ F___	Y___ N___	_____	Y___ N___	_____	\$ _____
_____	M___ F___	Y___ N___	_____	Y___ N___	_____	\$ _____

Total Household Monthly Income: \$ _____ Source(s) of income _____

Family Size #Adults _____ # of Children _____ Total # in the family _____

Are any of the above listed persons disabled or receiving disability income of any kind? (Please detail)

Are you, the borrower, a United States Citizen OR a legal permanent resident of the United States OR an alien lawfully present in the United States? (We will require documentation of your legal status in the United States) _____

Any additional information regarding income (1 time insurance settlement, etc)

Any additional information regarding family size (engaged, children live there part time, etc)

Current mailing address _____

.Phone _____ Cell _____ e-mail _____

Name, Address, Telephone # of nearest relative not living with you _____

I (We) need financial assistance to purchase my (our) home. I (We) have been unable to save the full amount necessary for closing because: _____

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. (Warning: Those making false statements may be prosecuted. Conviction may result in criminal and/or civil penalties.)

I (We) hereby consent to the release of all information pertinent to our First Mortgage Application to CHAC. This Release includes, but is not limited to: Mortgage Application, Verification of Income/Employment, most recent Tax Returns, Appraisal, Credit Report, etc. This form may be faxed or copied. Facsimile or photocopied signatures will be accepted by all parties.

Signature of all parties listed above that are over the age of 18:

<u>Signature</u>	<u>Printed Name</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____