



**DENVER HOUSING AUTHORITY  
HOMEBUYER EDUCATION DISCLOSURE FORM**

**Borrower Name (Please Print)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Co-Borrower Name (Please Print)** \_\_\_\_\_ **Phone Number** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

*It is expressly understood that it is my option to work with the lender, and/or attorney, and/or other representative(s) of my choosing, and the home counseling agency will work with any such representative in assisting me to improve my housing situation. I understand that I am not obligated to receive any other services offered by Denver Housing Authority or any of Denver Housing Authority's partners.*

- Number of household members being served by program: \_\_\_\_\_ Name of Program: \_\_\_\_\_
- 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.

Applicant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Co-Applicant Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

A. Ethnicity: Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

B. Race: *(Please check appropriate box below)*

SINGLE RACE CATEGORY		MULTI-RACE CATEGORY	
<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian/Alaska Native & White
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Asian & White
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black/African American & White
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	American Indian/Alaska Native & Black / African American
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Other Multi-race (Please explain)
<input type="checkbox"/>	Choose not to respond	<input type="checkbox"/>	

**Number of Dependents:** \_\_\_\_\_ **Household Size:** \_\_\_\_\_ (count everyone who lives in HH)

**Annual Household Income:** \_\_\_\_\_ (include income from all members of HH)

**Household lives in rural area?** \_\_\_\_ Yes \_\_\_\_ No

**Marital Status:**

**App Co-App**

- Married
- Separated
- Unmarried
- Widowed
- Divorced
- Choose not to respond

**Check all that apply:**

**App Co-App**

- Head of Household
- Single Head of Household
- Owned Home in Last 3 Years
- First Time Home Buyer
- US Veteran

**Is the Head of Household:**

- Age 62 years or older? Yes \_\_\_\_\_ No \_\_\_\_\_
- Female? Yes \_\_\_\_\_ No \_\_\_\_\_
- 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.)*

**Gender:**

**App Co-App**

Male  
  Female

**Citizenship:**

**App Co-App**

US Citizen  
  Non-resident  
  Permanent Resident

**Country where you were born:** \_\_\_\_\_

**Does household speak mainly English?**  Yes  No

**Preferred Language:**

Applicant: \_\_\_\_\_

Co-applicant: \_\_\_\_\_

**Highest Education Level:**

Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_

**Have you signed a contract to purchase a home?**  Yes  No

**Expected closing date:** \_\_\_\_\_

**Type of Loan:** FHA \_\_\_\_\_ VA \_\_\_\_\_ Conventional \_\_\_\_\_ CHFA \_\_\_\_\_ Other \_\_\_\_\_

**How did you hear about our class?** Realtor \_\_\_\_\_ Lender \_\_\_\_\_ CHFA \_\_\_\_\_ Other \_\_\_\_\_

**Name:** \_\_\_\_\_

The Department of Housing and Urban Development – Community Development Block Grant funds have been awarded to fund Denver **Housing Authority/CHFA** 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.

*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])

\_\_\_\_\_  
Borrower Name (Please Print)      Signature      Date

\_\_\_\_\_  
Co-Borrower Name (Please Print)      Signature      Date

Please provide Future address: \_\_\_\_\_  
(If available)

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Median Income Level:

30%      50%      80%      80%+      Reviewer      Date  
\_\_\_\_\_  
\_\_\_\_\_

