

financial disclosure statement packet



chfa loan servicing

We value you as a customer and want to help you keep your home if possible.

In order to evaluate your situation and determine what options, if any, you have to resolve your mortgage delinquency and avoid foreclosure, please fully and accurately complete the enclosed financial disclosure statement and return it to CHFA along with the following documents for each borrower. This information must be returned to our office within ten (10) business days after you receive this packet. We will not accept partial or incomplete information.

Return the following information to CHFA:

1. Financial Disclosure Statement Form(s)
2. Statement describing your financial situation and the reason why you're requesting help
3. Copy of last two months' bank statements
4. Copy of last two years' income tax returns with all schedules
5. Copy of three most recent pay stubs

Please return all information to:

CHFA
Attn: Loan Servicing
1981 Blake Street
Denver, Colorado 80202

You will receive a phone call from a CHFA Loan Servicing Representative soon!





1981 Blake Street
 Denver, Colorado 80202
 800.877.chfa (2432)
 www.chfainfo.com

financial disclosure statement

account number:

chfa loan servicing

personal information

borrower

Full Name		Social Security Number	
Current Mailing Address			
City		State	Zip
Current Day Phone Number		Current Evening Phone Number	
Do you reside on the property?		Number of Dependents (excluding co-borrower)	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify length of employment.	
If no, date of last employment and total severance package value.		If no, monthly unemployment pay.	
Current Employer (if currently employed)			Phone Number
Address			
City		State	Zip
Monthly Gross Income Include pay stubs	Monthly Net Income Include pay stubs	Position	
Do you receive an annual bonus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount.		Do you receive overtime pay/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount.	
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include audited financial statement.		If yes, are you combining business and personal expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify amount and expiration date.		Do you receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify amount and expiration date.	
For which year did you last file a tax return? Please include a copy of the last two years' income tax returns with all schedules.			

Please list asset information.

	yes	no	account number	total amount
Checking Account(s). (If yes, list bank name, phone, account number, and balance).				
1 _____ phone _____	<input type="checkbox"/>	<input type="checkbox"/>		
2 _____ phone _____	<input type="checkbox"/>	<input type="checkbox"/>		
Savings Account(s). (If yes, list bank name, phone, account number, and balance).				
1 _____ phone _____	<input type="checkbox"/>	<input type="checkbox"/>		
2 _____ phone _____	<input type="checkbox"/>	<input type="checkbox"/>		

How many properties do you own?

property	current value	monthly rental	debt on property	is the debt past due?	monthly homeowner's dues (HOA)
1				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3				<input type="checkbox"/> Yes <input type="checkbox"/> No	

financial disclosure statement

borrower

	yes	no	total amount or cash value
Company Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>	
Total 401(k)/IRA	<input type="checkbox"/>	<input type="checkbox"/>	
Stocks	<input type="checkbox"/>	<input type="checkbox"/>	
Bonds	<input type="checkbox"/>	<input type="checkbox"/>	
Other Securities	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Cash Value of Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
Notes payable to you	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

Please list all expense information.

	yes	no	total monthly payment	balance due	months delinquent
Mortgage Payment or Rent	<input type="checkbox"/>	<input type="checkbox"/>			
HOA fees	<input type="checkbox"/>	<input type="checkbox"/>			
Do you have other debt secured by the property? (2 nd Mortgage) If yes, itemize each lien and complete the information.	<input type="checkbox"/>	<input type="checkbox"/>			
List the vehicles you own/lease, their age, and value.					
1 _____	<input type="checkbox"/>	<input type="checkbox"/>			
2 _____	<input type="checkbox"/>	<input type="checkbox"/>			
Student Loan Payment	<input type="checkbox"/>	<input type="checkbox"/>			
Alimony Payments - Expiration date: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Child Support Payments - Expiration date: _____	<input type="checkbox"/>	<input type="checkbox"/>			
Child Care	<input type="checkbox"/>	<input type="checkbox"/>			
Utilities (heating/cooling, water, trash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Telephones	<input type="checkbox"/>	<input type="checkbox"/>			
Health/Life Insurance (not deducted from paycheck)	<input type="checkbox"/>	<input type="checkbox"/>			
Medical doctors/dentists (not paid by insurance)	<input type="checkbox"/>	<input type="checkbox"/>			
Hospital, prescription drugs, etc.	<input type="checkbox"/>	<input type="checkbox"/>			
Auto insurance	<input type="checkbox"/>	<input type="checkbox"/>			
Gas/Parking	<input type="checkbox"/>	<input type="checkbox"/>			
Auto Maintenance	<input type="checkbox"/>	<input type="checkbox"/>			
Food	<input type="checkbox"/>	<input type="checkbox"/>			
Clothes/cleaning	<input type="checkbox"/>	<input type="checkbox"/>			
Entertainment (movies, dinner, cable, TV, sports, etc.)	<input type="checkbox"/>	<input type="checkbox"/>			
Charitable donations	<input type="checkbox"/>	<input type="checkbox"/>			
Personal Loans	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 1	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 2	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 3	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 4	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			

financial disclosure statement

personal information

co-borrower

Full Name		Social Security Number	
Current Mailing Address			
City		State	Zip
Current Day Phone Number		Current Evening Phone Number	
Do you reside on the property?		Number of Dependents (excluding co-borrower)	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify length of employment.	
If no, date of last employment and total severance package value.		If no, monthly unemployment pay.	
Current Employer (if currently employed)			Phone Number
Address			
City		State	Zip
Monthly Gross Income Include pay stubs	Monthly Net Income Include pay stubs	Position	
Do you receive an annual bonus? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount.		Do you receive overtime pay/commission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify amount.	
Are you self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, include audited financial statement.		If yes, are you combining business and personal expenses? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify amount and expiration date.		Do you receive alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify amount and expiration date.	
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co-borrower

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Total 401(k)/IRA	<input type="checkbox"/>	<input type="checkbox"/>	
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Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	
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Notes payable to you	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	
Vehicles	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

Please list all expense information

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Telephones	<input type="checkbox"/>	<input type="checkbox"/>			
Health/Life Insurance (not deducted from paycheck)	<input type="checkbox"/>	<input type="checkbox"/>			
Medical doctors/dentists (not paid by insurance)	<input type="checkbox"/>	<input type="checkbox"/>			
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Charitable donations	<input type="checkbox"/>	<input type="checkbox"/>			
Personal Loans	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 1	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 2	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 3	<input type="checkbox"/>	<input type="checkbox"/>			
Credit Card 4	<input type="checkbox"/>	<input type="checkbox"/>			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>			

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signatures

By signing in the space below, you hereby acknowledge and agree that any owner of your loan, its servicers, successors and assigns, may verify or reverify any information contained in this financial disclosure statement or obtain any information or data relating to your loan, for any legitimate business purpose through any source, including a source named in this financial disclosure statement or a consumer reporting agency.

Signature of Borrower

Date

Name of Borrower (print)

Signature of Co-borrower

Date

Name of Co-borrower (print)

CHFA Loan Servicing

1981 Blake Street
Denver, Colorado 80202

800.877.chfa (2432)
303.297.7305 tdd
303.297.7493

www.chfainfo.com

With respect to its programs, services, activities, and employment practices, Colorado Housing and Finance Authority does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, or any other protected classification under federal, state, or local law. Requests for reasonable accommodation, the provision of auxiliary aids, or any complaints alleging violation of this nondiscrimination policy should be directed to Pamela McClune, Nondiscrimination Coordinator, 303.297.7366, TDD 303.297.7305, CHFA 1981 Blake Street, Denver CO 80202-1272, available weekdays 8:00am to 5:00pm.



*financing the places where
people live and work*