

# Housing Recovery Program Loan File Checklist

Community Economic Defense Project in partnership with Impact Development Fund

Call or Text: 303-532-2785

Email: [rebuild@cedproject.org](mailto:rebuild@cedproject.org)

Website: [www.cedproject.org/rebuild/](http://www.cedproject.org/rebuild/)

- \_\_\_\_\_ Most recent utility bill prior to state-declared disaster
- \_\_\_\_\_ Most recent Federal Tax Return, W2s, 1099s and K1s (2 years for self-employed)
- \_\_\_\_\_ Income Verification (e.g., 30 days of pay stubs, current SSI/disability/Pension award letter, 2022 P&L if self-employed, etc.)
- \_\_\_\_\_ Insurance declaration page, claim/settlement docs, and **Scope/Summary Of Loss** (all pages)
- \_\_\_\_\_ Award or denial letter from FEMA
- \_\_\_\_\_ Award or denial letter from Small Business Administration (SBA)
- \_\_\_\_\_ Documentation of any other financial assistance already received for rebuilding
- \_\_\_\_\_ Signed E-Consent (attached)
- \_\_\_\_\_ Signed Borrower's Authorization (attached)
- \_\_\_\_\_ Statement of Household Income for all members that are contributing to household income
- \_\_\_\_\_ Rebuild cost (**Home that Was Estimate**) or repair cost estimates **with line item breakdown**
- \_\_\_\_\_ Government issued identification for all Applicants (e.g. DL, passport, perm resident alien card, Work Visa, ect.)
- \_\_\_\_\_ Proof of ages of dependents (e.g. birth certificate, passport, tax return, school records, ect.)
- \_\_\_\_\_ If seeking funding for mitigation, then provide an itemized list (including costs) from your builder

Primary Borrower: \_\_\_\_\_

Co-Borrower: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Location: \_\_\_\_\_

Title Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Hazard Insurance Agent: \_\_\_\_\_

(Please provide name of insurance agency providing blanket coverage for HOA/Condo projects)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## ESIGN DISCLOSURES AND CONSENT

Federal law requires you receive certain disclosures and information about the products, services or accounts you may receive or access in connection with your relationship with us ("Required Information"). With your consent we can deliver Required Information to you by a) displaying or delivering the Required Information electronically; and b) requesting that you print or download the Required Information and retain it for your records.

This notice contains important information before you consent to electronic delivery of Required Information. Your consent also permits the general use of electronic records and electronic signatures in connection with the Required Information.

After you have read this INK-it Disclosures and Consent, if you agree to receive Required Information from us electronically, and if you agree to the general use of electronic records and electronic signatures in connection with our relationship, please "SIGN" below.

**Statement of electronic disclosures: Impact Development Fund  
200 E. 7th Street, Suite 412  
Loveland, CO 80537**

If you consent to electronic disclosures, that consent applies to all Required Information we give you or receive from you in connection with our relationship and the associated notices, disclosures, and other documents.

You agree to print out or download Required Information when we advise you to do so and keep it for your records. If you are unable to print or download any Required Information, you may call us and request paper copies. If you need to update your e-mail address or other contact information with us, you may do so by calling us and requesting necessary updates.

Your consent does not mean that we must provide the Required Information electronically. We may at our option deliver Required Information on paper. We may also require that certain communications from you be delivered to us on paper at a specified address.

### **Required Software/Hardware**

Hardware and software minimum requirements to access and store the electronic information:

- Hardware/Devices: iOS; Android; Windows
- Operating System: Windows 7, 8, 8.1, 10; Mac OS X
- Browsers: Internet Explorer 8, 9, 10, 11; Chrome; Firefox; Safari (MacOS); Opera  
(Note: Cookies must be enabled)
- Software: Adobe Acrobat or similar software to view PDF files

If you do not have the required software and/or hardware, or if you do not wish to use electronic records and signatures for any other reason, you can request paper copies of the Required Information to be sent to you by calling us.

### **Withdrawing Consent**

If you would like to withdraw your consent to receive future documents electronically and would prefer paper copies, please call us. If you withdraw your consent to receive documents electronically, the electronic service you are using will become unavailable to you, and your consent will not affect the validity or enforceability of prior electronic documents you received.

**I have read the information about the use of electronic records, disclosures, notices, and e-mail, and consent to the use of electronic records for the delivery of Required Information in connection with our relationship. I will be able to view this information using my computer and software. I have an account with an internet service provider, and I am able to send e-mail and receive e-mail with hyperlinks to websites and attached files. I also consent to the use of electronic records and electronic signatures in place of written documents and handwritten signatures.**

\_\_\_\_\_  
Borrower:

\_\_\_\_\_  
Date:

Email Address:\_\_\_\_\_

\_\_\_\_\_  
Co-Borrower:

\_\_\_\_\_  
Date:

Email Address:\_\_\_\_\_



**Client Information:** (please print)

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**Requesting Agency: Impact Development Fund (IDF)**

Address: 200 E. 7<sup>th</sup> Street, Suite 412 City: Loveland State: CO Zip: 80537

Phone 970-494-2021 Email: recovery@impactdf.org

**I authorize IDF to the release and receipt of the following information**

**My Case File including:**

- Documentation of economic injury,
- Amount of assistance received,
- Identifying information including Name, Address, and Date of Birth
- Contact information including email and phone number

**Other:** \_\_\_\_\_

**For the purpose of receiving help and assistance in determining eligibility, acquiring relief resources, and for the coordination of disaster assistance.**

I hereby consent to the release of information identified above as necessary to engage with the following entities:

- Impact Development Builders, LLC
- Boulder County Building Department
- Boulder County Assessor
- Community Foundation of Boulder County
- Colorado Department of Local Affairs
- Businesses, insurance agencies, or contractors necessary to the disaster recovery effort
- Any other organization that is a member in good standing of either the National Voluntary Organizations Active in Disasters (NVOAD) or that is participating in a State recognized Long Term Recovery Group (LTRG) for this event

By signing, I consent to the release of information found on this form for use by the requesting agency.

I understand that my records and/or those of any individual(s) listed above are protected under federal and state confidentiality statutes and regulations. This information cannot be disclosed without my written consent, unless otherwise specifically provided for in the regulations. I understand that I may revoke this consent at any time. Copies of this form may be used in lieu of the original. I understand and agree that this release may be sent to the agencies and persons identified above.

**CONSENT TO RELEASE INFORMATION  
DISASTER RECOVERY – BOULDER COUNTY**

**Disclosure Notice to Recipients of information:** This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulation (42 CFR Part 2) prohibits you from making any further disclosure of it without specific written consent for the person to whom it pertains or as otherwise permitted by such regulations.

**This consent expires one year from the date signed or 90 days after closure of the disaster recovery project, however, it is subject to revocation at any time.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
If not the client, please print and state your legal authority to sign for client

**I hereby revoke this Consent to Release Information.**

\_\_\_\_\_  
Consumer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**ACCESS AUTHORIZATION TO DISASTER AGENCY RESPONSE TECHNOLOGY (DART)**

In order to best support my household's disaster recovery following Marshall Fire and Wind Event, I authorize sharing of my household's information from DART, a secure database, with Impact Development Fund.

I understand that information about my household including contact information, details about my recovery plan, the type of assistance I am receiving and other information used to coordinate my recovery may be shared with certain authorized agencies providing, coordinating or administering disaster recovery assistance programs. My information may be shared with these volunteer agencies as needed to help further my recovery.

I understand that I may revoke this consent at any time by contacting Impact Development Fund at 970-494-2021 and I also understand that it may not be possible to remove my information entirely.

Do you authorize the sharing of your information as described above?       Yes       No

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Co-Applicant Name

# Borrower Signature Authorization

**Privacy Act Notice:** This information is to be used by the agency collecting it or its assignees in determining whether you qualify as a prospective mortgagor under its program. It will not be disclosed outside the agency except as required and permitted by law. You do not have to provide this information, but if you do not your application for approval as a prospective mortgagor or borrower may be delayed or rejected. The information requested in this form is authorized by Title 38, USC, Chapter 37 (if VA); by 12 USC, Section 1701 et. seq. (if HUD/FHA); by 42 USC, Section 1452b (if HUD/CPD); and Title 42 USC, 1471 et. seq., or 7 USC, 1921 et. seq. (if USDA/FmHA).

## Part I - General Information

1. Borrower(s)		2. Name and address of Lender/Broker <b>Impact Development Fund</b> <b>200 E. 7th Street, Suite 412</b> <b>Loveland, CO 80537</b> <b>TEL: (970) 494-2021 FAX: (970) 494-2022</b>	
3. Date	4. Loan Number		

## Part II - Borrower Authorization

I hereby authorize the Lender/Broker to verify my past and present employment earnings records, bank accounts, stock holdings, and any other asset balances that are needed to process my mortgage loan application. I further authorize the Lender/Broker to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references. It is understood that a copy of this form will also serve as authorization.

The information the Lender/Broker obtains is only to be used in the processing of my application for a mortgage loan.

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower

\_\_\_\_\_  
Date

# Statement of Household Income

Household Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

1. Enter all household member's names that are contributing to the household income or if they are a dependent listed on your tax return, along with their relationship to the applicant and if they are a full time student:

Last Name	First Name	Relationship to Applicant(s)	Full-time Student?

2. Enter all household members' gross annual income (income before taxes) that are contributing to the household income. Types of income include but are not limited employment wages, military pay, public assistance, social security, disability, pension, annuity, retirement, VA benefits, regular gifts, unemployment, self-employment, dividends, interest, capital gains, etc.

Household Member's Name	Source of Income	Gross Annual Income
<b>Total Gross Annual Income from Column:</b>		\$

I/we hereby affirm that the foregoing information is true and complete to the best of my/our knowledge and authorize the lender to make inquiries to verify the statements herein. I/we further understand that any intentional misrepresentation in this self-certification may disqualify me from participation in the HRP program, and may be ground for termination of assistance. If any of the aforementioned changes, I/we agree to notify the lender immediately.

**All contributing household members age 18 or older must sign and date below:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_