

Colorado Housing Counseling Coalition (CHCC)

Promoting Financial Education | Helping to Stop Foreclosure | Helping First-Time Home Buyers

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Enrica Bustos - Treasurer
Adams County Housing Authority
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Membership Application 2018

Colorado Housing Counseling Coalition (CHCC) Member Agencies help people improve their housing conditions and meet the responsibilities of homeownership and tenancy. Among the many services the members provide are: pre-purchase counseling, foreclosure prevention counseling, housing consumer education, debt management and reverse equity mortgage counseling.

Meetings are held at various locations around the state of Colorado. To find upcoming meeting information visit the CHCC Meeting tab on our website.

For Profit Membership: Each individual member of the corporation shall pay dues in the minimum amount of **\$75.00** per year, with no maximum amount.

Not for Profit Membership: An Agency is an organization up to 3 active members. An agency member shall pay dues in the amount of **\$50.00** per year, with no maximum amount. An agency member can include, but is not limited to: HUD approved housing counseling agencies, other housing counseling agencies, businesses, lenders and other interested entities.

Patron: An Individual or organizational contribution to the Colorado Housing Counseling Coalition. The minimum contribution shall be **\$100.00** per year, with no maximum amount. Contributions would be tax deductible to the fullest extent of the law.

Lifetime: The Coalition may choose to honor a member by electing such a member to lifetime membership. No fees are required of a lifetime member.

Dues are annual- January through December calendar year and are not prorated. A late fee may be imposed if dues are received after the 1st Quarter of the calendar year.

Make check payable to: Colorado Housing Counseling Coalition (CHCC)

Mail Application to: Enrica Bustos - Treasurer
C/O Adams County Housing Authority
4430 South Adams County Pkwy, Ste. W-5000A
Brighton, CO 80601

* You may bring your application and check to a meeting as well.

www.ColoradoHCC.org

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Company Member Name: _____

Please select the following membership type:

- For Profit member
- Not for Profit Member
- Patron Member
- Lifetime Member

Participant Names (up to three):

1. _____ email _____

2. _____ email _____

3. _____ email _____

Address: _____

City, State, Zip: _____

Phone: _____

Date: _____

Website address: _____

Primary Contact for Agency: _____

Please prepare up to a 100-word narrative describing your agency's services for our website. Thank you.