



THE CARE & PROTECT BLUEPRINT



Denver

5 Critical
Steps for
Healthcare
Professionals
Buying a
Home



Table of Contents

02

Introduction

03

Step 1: Affordability

04

Step 2: Credit Score

05

Step 3: Cash Plan

06

Step 4: Talk to Lender

07

Step 5: Know Your Needs





Introduction

**THIS ISN'T:
RENT = BAD, BUY = GOOD**



In 2026 Denver, it's:

Rent = flexibility + lower stress

Buy = stability = long term upside





Step I: Get Brutal About What You Can Afford

NOT WHAT A LENDER SAYS. NOT WHAT ZILLOW SHOWS. WHAT FEELS SUSTAINABLE ON YOUR SCHEDULE.

- Looking at **monthly take-home pay**, not salary
- Factoring in **shift variability, overtime, burnout risk**
- Stress-testing: “Would I still feel okay with this payment after 3 rough months at work?”

In a market like Denver, this step is everything. Prices can stretch people into bad decisions fast. You are the only one that can answer this question. Qualifying ratios are nice, debt-to-income numbers give some folks a certain comfort level (mainly underwriters), but everyone has a different vantage point. What number leaves you comfortable? What number leaves you cold? A financially healthy target payment is between 28-33% of your gross monthly income. Mortgage rules will allow you to have a payment bordering on 50%, but is that wise? Once we determine your income and debts, we can set up 3 hypothetical housing payments:

CONSERVATIVE (\$)



COMFORTABLE (\$\$)



STRETCH (\$\$\$)

I would advise we lean towards the “Comfortable” in almost all situations. Why? Because nursing income can feel deceptively high when overtime is flowing. **You never want the mortgage to require burnout.**





Step 2: Clean up and strengthen credit

Most nurses (and everyone else) assume, “I’m fine, my score is decent,” but small improvements can mean:

- **Lower rate**
- **Lower monthly payment**
- **Better loan options**

FOCUS ON:

- Paying down credit cards (not just on time - **DOWN**)
 - Avoiding new debt or big purchases
 - Checking report for errors (40% of all U.S. credit reports contain errors)
-

Even a 20-40 point bump can materially change your outcome. My suggestion is we pull a credit report and go over it line by line. If you’re not happy with the score we can do various easy fixes to gain more points. If there’s an item on the report that’s more difficult, I have just the expert to speak with. This lady is a master on credit reports and knows all the answers.

A credit report is just a snapshot in time. Don’t like today? There’s going to be a tomorrow.





Step 3: Build a real cash plan

NOT JUST “SAVE WHAT’S LEFT”

This is where many buyers get stuck. You need to have clarity on:



DOWN PAYMENT

(often less than you may think)



CLOSING COSTS

(potential credits available here also)



EMERGENCY CUSHION AFTER PURCHASE

(this is the one people skip)

For a nurse, or anybody else in healthcare, the safety net matters more than the down payment. Shift fatigue + unexpected expenses = stress spiral if there's no buffer.

STRATEGIC ASSISTANCE

Using a Down Payment Assistance program for all or most of your down payment can reduce upfront cash significantly, preserving reserves. Some buyers are stacking DPA's with some of the benefits provided by the Care and Protect Program to keep their cash-to-close far lower than expected.

This is often the game-changer for healthcare workers. We have established relationships with some of the best in DPA's. There are variations, all with different plus's and minus's. We should discuss it if you're interested. Using the right Down Payment Assistance program can make all the difference in the world. There's an old falsehood that refuses to die: Folks think they need 20% down to buy a home. WRONG! 3% is the usual minimum down. Could be reduced by using a DPA. Might be 1% - might be less.

A Down Payment Assistance (DPA) program is a financial aid program designed to help homebuyers cover some or all of the upfront cash needed to purchase a home - typically the down payment and sometimes closing costs.

DPA programs are commonly offered by:

- State or local housing agencies
- Nonprofits
- Employers
- Credit unions and lenders
- Specialized workforce programs (teachers, nurses, first responders, etc.)





Step 4: Talk to a lender who understands healthcare



THIS IS UNDERRATED.

A generic lender might misread:

- Variable hours
- PRN or shift differentials
- Bonus/overtime structure

A healthcare-savvy lender can:

- Qualify income more accurately
- Introduce niche programs (sometimes with low or no down payment)
- Structure things to reduce upfront strain

I cannot overstate the importance of this step. Of course I want you to contact me. But if it's someone else, try to make sure they have experience and a track record of working with healthcare. When I started my first medical facing mortgage program in early 2017, we foolishly believed we knew what we were doing - and seriously messed up the income calculations for one of our very first clients! We looked incredibly dumb and rightly so. I promised myself never to be in that situation again.

As to niche programs, I created my own: the Care and Protect Mortgage Program. This is the second generation version of the program I founded in 2017. Quite proud of the results. We invite you to compare. I'm quite certain Care & Protect delivers a better rate along with strong closing cost credits to make your home buying journey more affordable.

WWW.CAREANDPROTECTPROGRAM.ORG





Step 5: Define lifestyle fit, not just “a house”



**YOU'RE NOT JUST
BUYING PROPERTY.**

**YOU'RE BUYING
RELIEF FROM YOUR
JOB.**

A slightly smaller home that supports your life will outperform a “dream house” that drains you. Let's consider adding condos and townhomes to the mix. More affordable can be better. Gaining the appreciation to be used for your next purchase is how to get into the wealth building lane.

We should focus on first time buyer and healthcare-specific programs (the ones that actually matter.) Once we have the numbers figured out to a place that's comfortable for you, it's time to start building your “buy box.”

So the real questions are:



Commute time after a 12-hour shift



Parking, safety, quiet



Proximity to the hospital or support system



Low maintenance vs fixer-upper

DEFINE YOUR NON-NEGOTIABLES:



Under 25 minute commute



Washer/dryer



Quiet building

ALSO YOUR NICE-TO-HAVES:



Garage



Mountain View



Updated finishes





GET IN TOUCH

The ability to buy a home is probably a lot closer than you think. My goal is to provide a little guidance and clarity. You already have the capability.

My life was saved in a Denver hospital in January of 2017. As I was being rolled into surgery I made a promise to myself that if I came out the other side, I would figure out a way to give back to those who give.

This is the fulfillment of that promise.

 WEBSITE

www.careandprotectprogram.org

 E-MAIL

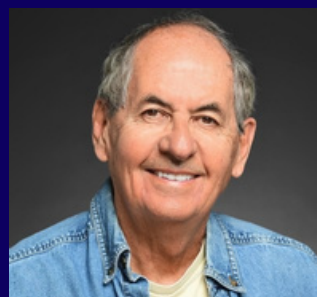
info@careandprotectprogram.org

 PHONE

303-901-9975

 LINKEDIN

[in/tim-brannon-495b466/](https://www.linkedin.com/in/tim-brannon-495b466/)



TIM BRANNON

Director of Care Partnerships
& Community Engagement

