

Please identify the class you will be attending:

Credit Smart:
 Homebuyer Education:
 Finances for the Family:

Dates:

Name:

(First/Middle Initial/Last)

Date of Birth:

Address:

Apt:

City/State:

Zip:

County:

Phone 1:

Phone 2:

Phone 3:

Email:

Referred by:

Gender: Male

Female

Size of Household: Number of Adults (18 and over)

Number of Children

Marital Status:

Race:

Ethnicity:

Multiple Race:

Senior Citizen (55 or older): Yes No

Female Head of Household: Yes No

Highest Education Level:

Veteran: Yes No

Disabled (optional): Yes No

Type of Disability (optional):

Household Income:

Gross monthly income # 1

list income source

(salary, child support, SSI, SS, Pension, etc.)

Gross monthly income # 2

list income source

(salary, child support, SSI, SS, Pension, etc.)

Gross monthly income # 3

list income source

(salary, child support, SSI, SS, Pension, etc.)

Gross monthly income # 4

list income source

(salary, child support, SSI, SS, Pension, etc.)

Total Gross Monthly Income:

Employer name:

Are you currently banking with a Credit Union or Bank? Yes No

Are you currently saving on a regular basis? Yes No **If Yes, amount saved monthly:**

Health Insurance Coverage: Adult

Children

Current Housing Status:

Date of occupancy or purchase date

Landlord name

Mortgage company name

For Mortgage Delinquency/Default /Foreclosure Clients ONLY:

- 1) Did ANYONE contact you offering assistance to modify your mortgage, either directly by the telephone, or by other means such as by mail or a flyer? Yes No
- 2) Were you guaranteed a loan modification or asked to do any of the following: pay a fee, sign a contract, redirect mortgage payments, sign over title to your property, or stop making loan payments? Yes No

Company name or person who contacted you:

Client Acknowledgment

I certify that the information given above is correct and true to the best of my knowledge. I understand that information I have provided is confidential and will only be used for the purposes of client tracking and record-keeping, and will NOT be distributed to any third party without my express written consent.

Client Signature:

(Please Type Name Above)

Date: