

Montana HomeOwnership Network/Neighborhood Housing Services, Inc. of Great Falls Participant Required Registration Form

DATE: _____

HEAD OF HOUSEHOLD

SPOUSE/OTHER

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

PRIMARY LANGUAGE SPOKEN: _____

EMAIL: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

PRIMARY LANGUAGE SPOKEN: _____

EMAIL: _____

HOW DID YOU LEARN ABOUT THIS PROGRAM:

Lender	Agency	Real Estate Agent
Newspaper	Brochure	RC&D
Agency Outreach		HUD Website
Community Meeting		Bank

RACE: (circle as many as apply)

White
Black/African American
American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander
Asian
Other

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White
Black/African American
American Indian/Alaskan Native
Native Hawaiian/Other Pacific Islander
Asian
Other

NUMBER IN HOUSEHOLD: _____

GENDER: MALE FEMALE

VETERAN: YES NO

FOREIGN BORN: YES NO

ARE YOU USING A SECTION 8 VOUCHER

TO PAY: YES NO

GENDER: MALE FEMALE

VETERAN? YES NO

FOREIGN BORN? YES NO

HEAD OF HOUSEHOLD

SPOUSE/OTHER

ETHNICITY: (circle one)

- Not Hispanic
- Hispanic
 - Cuban
 - Mexican/Chicano
 - Puerto Rican
 - Other Hispanic/Latino

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- Not Hispanic
- Hispanic
 - Cuban
 - Mexican/Chicano
 - Puerto Rican
 - Other Hispanic/Latino

DATE OF BIRTH: _____

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DISABLED: YES NO
 DISABLED DEPENDANT OTHER THAN
 SPOUSE: YES NO

DISABLED: YES NO

EDUCATION LEVEL: (circle one)
 Below HS diploma HS diploma or equiv.
 2-years College Bachelor's Degree
 Masters or above

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 Below HS diploma HS diploma or equiv.
 2-years College Bachelor's Degree
 Masters or above

MARITAL STATUS: (circle one)
 Married Single Divorced
 Seperated Widowed

HOUSEHOLD ANNUAL INCOME: _____

COUNTY OF RESIDENCE: _____

CURRENT HOUSING STATUS: (circle one)
 Rent Own with a mortgage Own w/o a mortgage
 Homeless Own mobile home on permanent foundation

REASON FOR TAKING THIS CLASS (circle all that apply)
 1st time home buyer-planning/looking for a home 1st time home buyer- need class to close
 Financial planning/management Education

AUTHORIZATION TO RELEASE INFORMATION:

We, the applicants authorize the release of our information listed on this registration form to the Bitter Root RC&D and/or NeighborWorks for reporting and statistical purposes.

X _____ DATE: _____
APPLICANT

X _____ DATE: _____
CO-APPLICANT