



REGISTRATION FORM

We are required by HUD to collect the information requested below. Either fill-in or put a check mark next to the box that fits best for you and/or your family. This information will be kept **confidential** and is **required** for services. Once completed- return it to a NHSJ Staff Person.

Date_____

First Name:	Last Name:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Street Address	City, State Zip	
Email Address	Telephone#	
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Chose Not To Respond Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	
Race	<input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Multiple Race <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Amer. Indian/Alaskan Native <input type="checkbox"/> Chose Not to Respond	
Date of Birth	_____ Age_____	<input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Senior 65+ <input type="checkbox"/> Active Military
Education	<input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Vocation <input type="checkbox"/> None	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Family Size (include self) _____
Household	<input type="checkbox"/> Head of household <input type="checkbox"/> Married w/no children <input type="checkbox"/> Married w/children	
Housing Status	<input type="checkbox"/> Renter <input type="checkbox"/> Homeowner <input type="checkbox"/> Living with Family/Friends <input type="checkbox"/> Homeless/Shelter	
Residence Type	<input type="checkbox"/> Apartment <input type="checkbox"/> 1-Family <input type="checkbox"/> 2-Family <input type="checkbox"/> 3-4Family <input type="checkbox"/> Condo <input type="checkbox"/> Coop <input type="checkbox"/> Shelter	
Household Annual Income	<input type="checkbox"/> Under - \$10,000 <input type="checkbox"/> \$10,000 - \$19,999 <input type="checkbox"/> \$20,000 - \$29,999 <input type="checkbox"/> \$30,000 - \$39,999 <input type="checkbox"/> \$40,000 - \$49,999 <input type="checkbox"/> \$50,000 - \$59,999 <input type="checkbox"/> \$60,000 - \$69,999 <input type="checkbox"/> \$70,000 - \$79,999 <input type="checkbox"/> \$80,000 - \$100,000 <input type="checkbox"/> Over \$100,000	
Referred to NHSJ by	<input type="checkbox"/> Media / TV/Radio/Newspaper <input type="checkbox"/> Former Client/Friend/Family <input type="checkbox"/> 311 <input type="checkbox"/> HUD <input type="checkbox"/> Lender <input type="checkbox"/> Hope Hotline <input type="checkbox"/> Another Agency <input type="checkbox"/> York College <input type="checkbox"/> Other	
Services Needed	<input type="checkbox"/> Pre-purchase Counseling/Services <input type="checkbox"/> Mortgage Counseling/Services <input type="checkbox"/> Handyman Training <input type="checkbox"/> First-time Homebuyers Club <input type="checkbox"/> Post-purchase Counseling/Services <input type="checkbox"/> Disaster Case Mgt <input type="checkbox"/> Foreclosure Prevention Services <input type="checkbox"/> Credit Counseling/Referrals <input type="checkbox"/> Document Review or Legal	