



NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC.

8970 162nd Street, Jamaica, NY 11691

Tel: (718) 291-7400

PERSONAL PROFILE / 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
CO-REGISTRANT		
<i>First Name:</i>	<i>Last Name:</i>	<i>Gender:</i> <input type="checkbox"/> Female <input type="checkbox"/> Male
<i>Street Address</i>	<i>City, State Zip</i>	
<i>Email Address</i>	<i>Telephone#</i>	
<i>Ethnicity</i>	<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	
<i>Race</i>	<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	
<i>Date of Birth</i>	<i>Age</i> _____	<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 Services Needed	<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 <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"/> Tenant Counseling <input type="checkbox"/> Document Review or Legal <input type="checkbox"/> Construction Rehab Services	
Comments		



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Service Disclosure

You have the right to choose your own real estate agent, lending institution and all other real estate industry professionals. Taking part in our group or individual counseling services does not require you to use any of our real estate or mortgage services or use the services of anyone that we might refer to you.

The information we collect through our intake form is used to aid us in assisting you and evaluating our programs and services. Unless you provide direct written consent, we do not disclose your personal information to any unaffiliated third party other than that required for program auditing. If you have any questions or concerns please feel free to discuss them with any member of our Staff.

I have read and understand the information presented in this document.

Applicant Name (PLEASE PRINT)

Applicant Signature

Date

Co-Applicant Name (PLEASE PRINT)

Co-Applicant Signature

Date