



**NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC.**

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**Fax No. 718-298-6505**

**WORKSHOP 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.

<b>WORKSHOP DATE:</b>			
<b>First Name</b>		<b>Last Name</b>	<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male
<b>Street Address</b>		<b>City, State Zip</b>	
<b>Email Address</b>		<b>Telephone#</b>	
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Chose Not To Respond		<b>Language:</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
<b>Race</b>	<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		
<b>Date of Birth</b>	_____	<input type="checkbox"/> <b>Veteran</b> <input type="checkbox"/> <b>Disabled</b> <input type="checkbox"/> <b>Senior 65+</b> <input type="checkbox"/> <b>Active Military</b>	
<b>Education</b>	<input type="checkbox"/> High School/GED <input type="checkbox"/> College <input type="checkbox"/> Vocation <input type="checkbox"/> None		
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married	<b>Family Size (include self)</b> _____	
<b>Household</b>	<input type="checkbox"/> Head of household <input type="checkbox"/> Married w/no children <input type="checkbox"/> Married w/children		
<b>Housing Status</b>	<input type="checkbox"/> Renter <input type="checkbox"/> Homeowner <input type="checkbox"/> Living with Family/Friends <input type="checkbox"/> Homeless/Shelter		
<b>Residence Type</b>	<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		
<b>Household Annual Income</b>	<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		
<b>Referred to NHSJ by</b>	<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		
<b>Services Needed</b>	<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		