



HOME STRETCH WORKSHOP REGISTRATION

Organization: _____

Workshop location: _____ Workshop Date: _____

Instructions: Please fill out as completely as possible. If you need additional space, please feel free to use the back side or make additional copies as necessary.

Individual #1

Name: _____
(Please print) First MI Last

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone: _____

Work Phone: _____

Email: _____

Individual #2

Name: _____
(Please print) First MI Last

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone: _____

Work Phone: _____

Email: _____

Relationship to Individual #1: _____

1. How did you hear about this counseling?

- Mailer, Flyer, or Brochure Newspaper Agency (which one: _____)
- Friend or Relative Internet Realtor
- Someone who took a workshop Lender / Mortgage company Other: _____

- 2. Individual #1 ethnicity:** Hispanic, Latino, or Spanish Non-Hispanic
Individual #2 ethnicity: Hispanic, Latino, or Spanish Non-Hispanic

3. Race: (Please select only one)

Individual #1 Single Race

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

Individual #2 Multiple Race

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other multiple race: _____

Individual #2 Single Race

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

Individual #2 Multiple Race

- American Indian / Alaskan Native & White
- American Indian / Alaskan Native & Black
- Asian & White
- Black or African American & White
- Native Hawaiian/Other Pacific Islander & Black
- Other multiple race: _____

4. How many people will live in the house? _____

5. **Individual #1** Gender: Male Female **Individual #2** Gender: Male Female

6. Disabled household? Yes No If yes, who _____

7. **Individual #1** birthdate: _____ **Individual #2** birthdate: _____

8. Are you a single parent household? Yes No

8b. **Individual #1** Veteran: Yes No **Individual #2** Veteran: Yes No

9. Please check the highest education level **Individual #1** completed:

- 8th grade or less Some college or trade school Bachelor's degree
 Some high school Associates degree Graduate or professional degree
 High school diploma / GED

Please check the highest education level **Individual #2** completed:

- 8th grade or less Some college or trade school Bachelor's degree
 Some high school Associates degree Graduate or professional degree
 High school diploma / GED

10. **Individual #1** Marital Status: Married Divorced Single Widow
Individual #2 Marital Status: Married Divorced Single Widow

11. Income. Please include income for all individuals from all sources

(Work, disability payments, child support, investment income, etc.)

Name (person receiving income)	Income Source	Monthly Amount (after taxes)
		\$
		\$
		\$
		\$

12. Current housing: Rent Own Staying with family / friends
How long? _____

13. Are you a first time home buyer? Yes No (You have not owned a home for the past three years.)

14. Are you a first generation home buyer? Yes No (Your parents did not own a home.)

15. How many dependent children under 18 years of age will live in the house? _____
Please tell us the ages of the dependant children _____

16. Current household rent / mortgage payment: \$ _____ / month.

17. Have you experienced a home foreclosure within the past 3 years? Yes No

18. Have you applied for a mortgage loan or have you signed a purchase agreement? Yes No

.....
If you answered yes to question 18, please complete the purchase property information for your new home here:

Purchase property address: _____
City: _____ State: _____ Zip: _____ Purchase price: \$ _____
Loan amount: \$ _____ Loan interest rate: _____ % Closing date: _____
Lender (Bank/Mortgage Co.): _____ Loan program (FHA, RD, etc): _____
Realtor _____ Is the home a foreclosure Yes No

.....

Disclosure Statement

While you may learn about the advantages/disadvantages of specific loan products during the Home Stretch workshop, you are free to choose lenders, loan products, realtors, homes, and home inspectors of your own choosing regardless of the recommendations made by educators. By signing below, you acknowledge that you have received and read this disclosure notice.

Individual #1 Signature

Date

Individual #2

Date

Authorization to Release Information

This workshop is funded in part by the Homeownership Education Counseling and Training (HECAT) Fund. The agency providing this workshop plans to share information on this form with the HECAT funders. The HECAT funders include: Minnesota Housing, Minnesota Home Ownership Center, Greater Minnesota Housing Fund, and the Family Housing Fund. The Minnesota Home Ownership Center (Center) is responsible for all aspects of reporting for the HECAT fund. The funders will use the information for program review, research, and oversight purposes.

The Center will follow strict rules to protect your confidentiality. You will never be named in any reports. Although your responses may be looked at individually by the Center, or contractors hired by the Center to collect and analyze the data, your name will not be associated with any analysis of the data provided on this form. Only group results will be reported, no individual results will be shared. Failure to provide an authorization will not have any adverse impact on services provided. By signing below, you authorize the release of information contained on this form.

Individual #1 Signature

Date

Individual #2 Signature

Date

Authorization

You are authorizing information to be shared between NHS and your lender. This allows NHS to share your certificate of completion (after you complete the eight hour workshop and your one on one counseling session) and to verify home purchase, including, but not limited to your HUD-1 settlement statement. In addition you are authorizing NHS to provide your credit report to you for training purposes. If you do not wish for your credit to be pulled, please check the do not pull credit box by your social security number below.

Individual #1 Signature

Date

Individual #2 Signature

Date

Individual #1 SSN _____

Individual #2 SSN _____

Do not pull Credit

Do not pull Credit