## **2024 Class registration FORM**

T: 315-386-8576 F: 315-386-1564

www.nocohousing.org

Vame:						
First		MI		Last		
Street				Years lived	d in home  MThs	
Sireei				173.		
City			State Z	ip code		
Home: ()	Work: (	)	_ Ext <i>E-Mai</i>	l:		
Mobile/Cell: ()		<u></u>		//		
	So	ocial Security Number	В	irth Date		
Race (please circle):						
I. White				<ul><li>3. American Indian/Alaskan Native</li><li>6. American Indian/Alaskan Native and White</li></ul>		
4. Asian 7. Asian and White						
7. Asian and White 10. Other	8. Black/African American and White 9. American Indian/Alaskan Native and I				ve and Black	
Hidentify as (please cillandicapped? (please Veteran or active mile Current Housing Arra Rent Living with family med Household Type (please Living headed single please to be single to be seen that the seen that t	e circle): Male Fe e circle) Yes No itary? Yes No ingement (please circle) Homeless ember and not paying ise select the most ac parent household d adults 5.	rent	Other/Non-conform d? Yes No  Homeowner with Homeowner with rent household 3.	mortgage a mortgage paid off Single Adult		
Family/Household Siz	ze: How mo	<mark>any dependents</mark> (other	than those listed b	y any coborrower)?		
Annual Family or Ho	usehold Income: \$_					
		lease circle all that app				
	Bank	Government	TV	Realtor		
Print Advertisement	*** 11 T	D 1	D 1'	NT	1	
Print Advertisement Staff/Board Member If you were referred b	Walk-In	Friend	Radio	Newspaper Artic	cle	

Name: \_ MI First Last Street City State **Zipcode** Home: (\_\_) \_\_\_ Work: (\_\_) \_\_\_ Ext. \_\_ E-Mail: Cell Phone: ( ) -Social Security Number Birth Date Race (please circle): 1. White 2. Black or African American 3. American Indian/Alaskan Native 4. Asian 5. Native Hawaiian/Other Pacific Islander 6. American Indian/Alaskan Native and White 7. Asian and White 8. Black/African American and White 9. American Indian/Alaskan Native and Black 10. Other **Ethnicity** (please select "yes" or "no" for Hispanic Origin) this is in addition to the "Race" Category Hispanic: Yes No Marital Status (please circle): 4. Separated 5. Widowed 1. Single 2. Married 3. Divorced **Gender** (please circle): Male Female Other/Non-conforming Handicapped? Yes No Disabled? Yes No Veteran or active military? Yes No **Relationship to Customer/Applicant** (please circle): Spouse Daughter Son Sister Brother Girlfriend Boyfriend Mother Father Other I understand this class fee is nonrefundable charge and cannot be transferred to another applicant. Customer/Applicant Signature Date Co-Applicant Signature Date Class Date Chosen: Number of Participants Registered: Class Fee amount: \_\_\_\_\_\_ (total for all participants)

CO-APPLICANT

Please Print Clearly