



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.

Home Buyer

Name: _____
(Please print) First MI Last

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone: _____

Work Phone: _____

Email: _____

1. How did you hear about this workshop?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Agency / Organization | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Mailer / Flyer / Brochure | <input type="checkbox"/> Friend / Relative | <input type="checkbox"/> Realtor |
| <input type="checkbox"/> Someone who took a workshop | <input type="checkbox"/> Lender / Mortgage company | <input type="checkbox"/> Other: _____ |

2. **Buyer ethnicity:** Hispanic Non-Hispanic

Co Buyer ethnicity: Hispanic Non-Hispanic

3. Race: (Please select only one)

Buyer Single Race

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

Buyer 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: _____

Co-Buyer

Attending workshop? Yes No

Name: _____
(Please print) First MI Last

Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone: _____

Work Phone: _____

Email: _____

Relationship to Buyer: _____

Co Buyer Single Race

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

Co Buyer 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. Buyer Gender: Male Female

Co Buyer Gender: Male Female

6. For immigrants and refugees only: Please indicate where you were born:

Asia Africa Europe North America South America

7. Buyer birthdate: _____

Co Buyer birthdate: _____

8. Is this a female-headed household? Yes No (tax filing status as single female household with dependent children)

8a. Disabled household? Yes No If yes, who _____

8b. Buyer Veteran: Yes No Co-Buyer Veteran: Yes No

9. Please check the highest education level buyer 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 Co buyer 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. Buyer Marital Status: Married Divorced Single Widow

Co Buyer 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 <i>(Person receiving income)</i>	Source of Income	Full-time or part- time <i>(circle one)</i>	Number of hours worked per week	Gross <i>(before taxes)</i> Monthly Amount	Net <i>(after taxes)</i> Monthly Amount
		FT / PT			
		FT / PT			
		FT / PT			
		FT / PT			
		FT / PT			

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

If you answered **yes** to question 17, 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.

✓ _____ ✓ _____
Homebuyer Signature **Date** **Co-Buyer** **Date**

Release of Information

This workshop is funded in part by the Minnesota Home Ownership Center, a non-profit corporation. This agency plans to share the information on this form with the Center. The Center will use this 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. By signing below, you authorize the release of information on this form.

✓ _____ ✓ _____
Homebuyer Signature **Date** **Co-Buyer 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.

✓ _____ ✓ _____
Homebuyer Signature **Date** **Co-Buyer Signature** **Date**
Buyer Social Security Number _____ Co-Buyer Social Security Number _____
 Do not pull Credit **Do not pull Credit**