



IMPACCT BROOKLYN

Strengthening communities through housing,
economic opportunity and advocacy

First Time Homebuyer Workshop Registration Form

Please fill out this application with the **PRIMARY APPLICANT'S** information unless otherwise indicated non-married persons are to fill out separate forms even if purchasing a home together. Thank you.

Sections marked with ** MUST be filled out.

Organization Name: IMPACCT Brooklyn

Date: _____

Primary Applicant/ Co-Applicant	**First Name: _____	First Name: _____
	**Last Name: _____	Last Name: _____
Current Address	**Street: _____ _____ Apt. # _____	County: _____ City: _____ State: _____ **Zip: _____

****Please provide at least ONE working phone contact number and your email address**

Home _____ Work _____ Email _____

****How did you hear about us?** Check ONE Please

- | | | | |
|-----------------------------------|--|--|--|
| <input type="checkbox"/> Agency | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Homebuyer Seminar | <input type="checkbox"/> HUD Website |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Lender | <input type="checkbox"/> Mailer | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Realtor | <input type="checkbox"/> Someone Who Took a Workshop | <input type="checkbox"/> Walk-in | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Workshop | <input type="checkbox"/> Other | | |

****Race: Check ONE Please**

- | | |
|--|---|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian/Alaskan Native/Black & Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Native/Alaskan Native & Black | <input type="checkbox"/> Hispanic Black |
| <input type="checkbox"/> American Native/Alaskan Native & Hispanic | <input type="checkbox"/> Hispanic Black & White |
| <input type="checkbox"/> American Native/Alaskan Native & White | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian/Pacific Islander and Hispanic |
| <input type="checkbox"/> Asian & Hispanic | <input type="checkbox"/> Other Multiple Race/Hispanic |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Other Multiple Race/Non-Hispanic |
| <input type="checkbox"/> Black Non-Hispanic | <input type="checkbox"/> Unknown/Other (Other Multiple Race/Non-Hispanic) |
| <input type="checkbox"/> Black/African American & Hispanic | <input type="checkbox"/> White Non-Hispanic |
| <input type="checkbox"/> Chose not to respond | |

****How many people are in your household?** _____ Seniors (62+), _____ Adults (18-61), _____ Children (under 18)

****Rural Status:** Does Not Live in Rural Area Lives in Rural Area Choose Not to Respond

****Gender:** Male Female ****Veteran?** Yes No **Head of Household?** Yes No

****English Proficiency:** Is English Proficient Is Not English Proficient Chose Not to Respond

****Foreign Born?** Yes No

If yes, do you have a(n) (a) Work Permit; (b) Visa; (c) Alien Residency; (d) Other Year of immigration? _____

****Ethnicity: Check ONE Please**

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Non-Hispanic |
| <input type="checkbox"/> Chose not to respond | |



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****Birthdate (mm/dd/yyyy)** _____/_____/_____

Disabled Yes No

Disabled Dependent Yes No

****Highest Level of Education Completed: Check ONE Please**

- | | |
|--|--|
| <input type="checkbox"/> Primary | <input type="checkbox"/> 8th Grade or Less |
| <input type="checkbox"/> Some High School | <input type="checkbox"/> High School/GED |
| <input type="checkbox"/> Some College/Trade School | <input type="checkbox"/> Vocational |
| <input type="checkbox"/> Associate Degree | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Graduate Degree | <input type="checkbox"/> Other |

****Current Marital Status**

- | | |
|--|---|
| <input type="checkbox"/> Choose not to respond | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Married |
| <input type="checkbox"/> Separated | <input type="checkbox"/> Single/Never Married |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Widowed |

****Active Military**

- | | |
|--|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Not Available | |

****Your Occupation** _____ ****Your Employer** _____

****Applicant's Current Earnings Amount** \$_____ per Year

Co-Applicant's Current Earnings Amount \$_____ per Year

****Total Household Income (check one)**

- | | |
|--|--|
| <input type="checkbox"/> \$0 - \$29,600 | <input type="checkbox"/> \$47,361 - \$59,200 |
| <input type="checkbox"/> \$29,601 - \$47,360 | <input type="checkbox"/> \$59,201+ |

****Current Monthly Housing Payment:** \$_____ for: Rent Mortgage

(If neither of the above options apply to you, please select one of the below options)

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Does Not Pay Rent | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Homeowner with Mortgage Paid Off | <input type="checkbox"/> Other |

This is an authorization to release information.

This workshop is funded in part by the New York Mortgage Coalition, a New York non-profit corporation. Your signature below authorizes your workshop provider to share the information on this form and the survey with the New York Mortgage Coalition. In addition, you are authorizing information to be shared with your lender to verify home purchases after attending the workshop.

The New York Mortgage Coalition will use this information to evaluate workshops and to find out the characteristics of whom the program is serving. Personally identifying information, such as your name and social security number, will never be shared. A random number of participants will be selected to participate in a follow-up survey. All information collected will be treated with confidentiality.

X _____

Applicant Signature

X _____

Co-Applicant Signature



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IMPACCT Brooklyn Mission Statement

IMPACCT embraces a vision in which people strive together to build an equitable, diverse, engaged, and flourishing community in central Brooklyn. In our work as a community development corporation, IMPACCT pursues five major goals:

- First, to preserve and develop safe and affordable housing, a basic human right;
- Second to support a vibrant local commerce through which small businesses serve the market needs of community residents;
- Third, to sustain and develop an economic, racial, and cultural diversity that can enrich the lives of all;
- Fourth, to promote knowledge, initiative, and concerted action that can advance individual and common interests; and
- Fifth, to foster an ethic that all members of the community bear personal responsibility to contribute to the greater good.
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DISCLAIMER

IMPACCT Brooklyn does not control, monitor, or guarantee the information from the professionals that speak in our workshops.

IMPACCT assumes no responsibility or liability for any consequences resulting from any action(s) directly or indirectly that you take based on or made in reliance on the information provided.

Name: _____

Phone: _____

Address: _____

Signature: _____

Today's Date: _____