



Received Date: _____

Received By: _____

Credit Café Authorization and Participant Profile Form

Date: _____

Applicant (Full Name): _____

SSN: _____

Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Can you receive Text Reminders: _____
(Circle Preferred Contact Number)

Email Address(es): _____

Number of persons living in your household: Adults: _____ Children: _____

Total Monthly Household Income: \$ _____

(include all sources of income including employment, child support, social security, retirement, alimony, etc.)

Total Monthly Housing Costs (excluding utilities): \$ _____

Total Household Assets: \$ _____

What are your goals for attending the Credit Café?

How did you hear about the Credit Café? _____

When would you like to attend a Credit Café ? Next Available 3-6 Months 6-12 Months

Please circle your preferred appointment time: 4:00 PM 4:30 PM 6:00 PM 6:30 PM

Signature:

(Please consider this signed document as authorizing for Interfaith Housing Alliance, Inc. (IHA) to obtain a copy of your credit report for advising assistance at the next Credit Cafe)

This information will be kept confidential.