



Credit Café Participant Registration Form

Applicant (Full Name): _____

SSN: _____ Date of Birth: _____

Mailing Address: _____

Cell Phone: _____ Home Phone: _____ Text Reminders (Yes/No): _____

Email Address(es): _____

Gender: Female Male Other Prefer Not to Answer

Ethnicity: White Black or African American Hispanic or Latino

(mark all that apply) Native American/American Indian Asian

Native Hawaiian or Other Pacific Islander Other

Prefer Not to Answer

Are you currently serving in the military or are you a veteran (Yes/No)? _____

Number of persons (including yourself) living in your household: Adults: _____ Children: _____

Total Monthly Household Income: \$ _____
(including all sources of income including employment, child support, social security, retirement, alimony, etc.)

Current Monthly Housing Payment (excluding utilities): \$ _____

Total Household Assets: \$ _____
(including all accounts such as checking, savings, owned real estate, or other)

How did you hear about the Credit Cafe? _____

What is your primary goal for attending the Credit Cafe? (mark all that apply)

- Credit Repair Homeownership Meeting Another Organization's Program Requirement
- Credit Improvement General Financial Education
- Debt Reduction Other: _____

How would you rate your current knowledge of credit?
Not very knowledgeable Somewhat knowledgeable Very knowledgeable

Signature:

Date:

(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.