NeighborWorks® LAREDO

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Phone: 956-712-9100
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FOR INTERNAL USE ONLY

CLASS DATE:

CONFIRMED Yes No

Phone:
E-mail:
Other:

Client#: Entered by:

Case#: Date:

ESTATE PLANNING REGISTRATION

Application Information

First Name: Last Name:

Middle Name: Name Suffix: JR. SR. III IV Other:

Street Address:

Zip Code: City:

State: Preferred Phone Number:

Gender: Female Male Do you live in a rural area? Yes No

Email:

DEMOGRAPHICS

Race: Black or African American White American Indian/Alaskan Native

Asian Native Hawaiian/Pacific Islander Other/ Multiple Race

Is Hispanic? Yes No Other:

Number in Household:

Preferred Language: English

Disabled? Yes No

Education: None

Marital Status: Single

Active Military: Yes No

First time Homebuyer? Yes No

Are you a Veteran? Yes No

Age:

Date of Birth:

FINANCIAL INFORMATION

Household Annual Income:

County:

Current Residence: Own Rent Other

CO-APPLICANT INFORMATION

First Name:

Last Name:

Middle Name:

Name Suffix: JR. SR. III IV

Street Address:

Zip Code:

City:

State:

Preferred Phone Number:

Relationship to client:

Gender: Female Male

Race: Black or African American White American Indian/Alaskan Native

Asian Native Hawaiian/Pacific Islander Other/Multiple Race:

Hispanic? Yes No Other:

NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

How did you hear about us?: Choose One

Applicant Signature - I certify this is my electronic signature

Co-Applicant Signature - I certify this is my electronic signature