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FOR INTERNAL USE ONLY	
CLASS DATE: _____	
CONFIRMED	Yes No
	phone e-mail Other
Client# _____	Entered by _____
Case# _____	Date _____

REGISTRATION FORM

CLASS STARTS PROMPTLY AT 8:30 A.M. PLEASE DO NOT BE LATE, YOU MAY BE ASKED TO ATTEND A FUTURE CLASS

ALL INFORMATION IS REQUIRED TO REGISTER

Interested in taking (please check):

Homebuyer Education
 Financial Workshop
 Homebuying Counseling

Application Information

First Name	<input style="width: 95%;" type="text"/>	Last Name	<input style="width: 95%;" type="text"/>
Middle Name	<input style="width: 95%;" type="text"/>	Name Suffix	<input style="width: 95%;" type="text"/>
Street Address	<input style="width: 95%;" type="text"/>		
Zip Code	<input style="width: 95%;" type="text"/>	City	<input style="width: 95%;" type="text"/>
State	<input style="width: 95%;" type="text"/>	Preferred Phone Number	<input style="width: 95%;" type="text"/>
Gender	Do you live in a rural area?		
Email	<input style="width: 95%;" type="text"/>		

DEMOGRAPHICS

Race

Is Hispanic?

Other:

Number in Household

Preferred Language

Other:

Disabled

Education

Marital Status Active

Military

First time Homebuyer

Are you a Veteran?

Age

Date of Birth

FINANCIAL INFORMATION

Household Annual Income

County

Current Residence

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.

Referred by: _____

Applicant Signature