

Home Repair Workshop Intake Form



Please respond to the following inquiries. Please fill in the blanks and mark the appropriate answers.

Participant's Personal Information

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: _____
Date of Birth: _____
Referred By: _____

Please Mark the Correct Answer:

Gender: Male__ Female__
Ethnicity: Hispanic __ Not Hispanic __

Race (please check all that apply):

African American __ American Indian/Alaskan Native __ Asian __ Caucasian __
Native Hawaiian or Pacific Islander __

Marital Status: Married__ Single__ **Veteran:** Yes__ No__
Handicapped: Yes__ No__ **Household with Children:** Yes__ No__

Income Information:

Current Employer: _____ Phone Number: _____
Gross Income (before taxes) \$_____ per (mark one)
Hour __ Week __ Month__ Bi-monthly__ Every two weeks__

There are currently _____ people residing in my home

I understand that Columbus Housing Partnership (CHP) is providing Home Repair Workshops for my benefit. I further understand that CHP develops or rehabs and sells single family homes. While I may learn about these opportunities while attending these workshops, I am under no obligation to purchase any of these homes.

Columbus Housing Partnership is a HUD certified housing counseling agency. HUD follows strict rules to protect your confidentiality. Personal data collected, such as name and address, are protected by the Privacy Act. You will not be named in any reports. Although your responses may be looked at individually by HUD or contractors hired by HUD to collect and analyze data, your name will not be associated with any analysis of the data. Only results from groups of people will be reported.

Participant

Signature: _____ Date: _____



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