SMOC Homebuyer Education Registration Form

Name: ___________________________________________ Head of Household: Y □ N □

Gender: M □ F □ Age: ____ Disabled: Y □ N □ Veteran: Y □ N □

Street Address: ________________________________ Town: _______________ Zip Code: ______

Ethnicity: Hispanic/Latino □ Not Hispanic/Latino □

Race: □ Caucasian □ African American/Black □ Hispanic/Latino □ Asian □
□ Middle eastern □ Pacific Islander □ Native American/Alaskan □ Other

# Of Adults in Household: ________

# Of Children in Household: ________

Have you seen a copy of your credit report in the last year?
Y □ N □

Do you know your credit score?
Y □ N □

How did you learn about class?
_________________________________________________________

Where are you in the home buying process?
_________________________________________________________

Phone Number: ________________________________

Email Address: __________________________________________

Annual Household income (estimate): ___________________________