

**Visionary Home Builders
Homebuyers Education
Class Registration Form**



Office Use Only: Date Received _____ Class Date _____
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- **Please fill out completely and return completed form to Visionary Home Builders (see address below) no later than noon on the Thursday before your class.**
- **Include money order or cashier's check for \$35 per person made out to Visionary Home Builders**
- **NOTE – Class Registration Fee is NON-REFUNDABLE unless you re-schedule or cancel by 5 pm the day before class.**

Today's Date _____ Preferred Date/Location for Class _____

1. First Name _____ MI _____ Last Name _____

2. Address _____ City _____ State _____ Zip Code _____

3. Home Phone () _____ Work Phone () _____

4. Cell Phone () _____ Date of Birth (month/day/year) _____

5. Email Address _____

Please check all that apply:

6. Ethnicity

- I do not wish to furnish this information
- American Indian/ Alaskan Native Asian Black or African-American White
- American Indian or Alaskan Native and White Asian and White
- Black or African American and White Hispanic Other Multiple Race: _____
- Native Hawaiian or Pacific Islander American Indian or Alaskan Native and Black or African American

7. Gender Male Female

8. Marital Status Married Separated Divorced Widowed Never married

9. Family Size (number of related adults and children living with you) _____

10. Number of Children (younger than 18 and living with you) _____

11. Your Current Earnings Amount \$ _____ per: Hour Month Year

12. Your Occupation _____ 13. Your Employer _____

14. Are you disabled? Yes No

15. Are you an immigrant to the U.S? Yes (Year of immigration _____) No

16. What language is spoken in your home? English Spanish Other: _____

17. Current Monthly Housing Payment: \$ _____ for: Rent Mortgage

18. How did you hear about VHB's Homebuyer's Education Course?

- Newspaper Bank Government Agency Walk-in VHB Staff Member Previous Customer
- Friend/Relative Realtor Flyer/Billboard/Sign TV/Radio Other: _____

19. Are you a First Time Homebuyer? _____

