

## Workshop Intake Form

Please provide us with the following information. Information collected on this form is used by Blue Water Community Action only and is not shared with any other organization. Please answer all questions completely. If you have any questions about this form or how we will use this information, please ask us.

Client Full Name:			Phone:
Co-Client Full Name:			Phone:
Mailing Address:			
City	State	Zip:	Email:

### **Demographic Information (collected for reporting purposes only)**

		Check		
Ethnicity	Hispanic		How did you hear about this workshop?	
	Not Hispanic			
Race	American Indian/ Alaskan Native		Number of persons in household #	
	Asian			
	Black/African American		Estimated Annual Household Income \$	
	Native Hawaiian/ Pacific Islander		Language Spoken in Household	
	White		Are you a First Time Home Buyer?	

**Would you like to receive information about Blue Water Community Action events?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Workshop Name: Homebuyer Education	Date:
Have you received other services from Blue Water Community Action?	Fee Charged?
Who did you meet with?	\$0.00

### **Initial by each title to confirm that you received the following documents:**

	For Your Protection: Get a Home Inspection (HUD 92564-CN / HUD 92564-CN-SP in Spanish)
	Ten Important Questions to Ask your Home Inspector
	Disclosure of Lead-Based Paint Hazards in Housing (EPA-747-F-96-002)

### **Disclosure**

Blue Water Community Action is a nonprofit, HUD-approved, comprehensive housing counseling agency. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws. As a housing counseling program participant, you are not obligated to use the products and services of Blue Water Community Action or our industry partners.

**Client Printed Name:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Co-Client Printed Name:** \_\_\_\_\_

**Co-Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_