



Champlain Housing Trust HomeOwnership Center Special Workshop Registration

A few facts for you to know:

- Your right to privacy is important** – CHT is required to track certain information. We do not share your specific information but cumulative information about demographics, services provided & outcomes. This is shared with partners and funders for purposes of program monitoring, compliance and evaluation. Within the organization, we restrict access about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
 - Partners and Resources** ó CHT works with many community partners and provides a variety of information in its workshops and counseling sessions. Please be aware the information is general and CHT does not represent any one particular partner or program. Individual guidelines & services may vary. You have the right to choose the providers who best suit your needs.
 - Accessing Services** - CHT is pleased to offer fair and easy access to all of our programs and services. If you need an accommodation due to a special need, disability, learning barrier or language barrier please let us know how we can assist you *prior* to the workshop or service. We ask that you give ample notice that allows enough time to coordinate the accommodation.
- Please check this box if you require an accommodation.*

Section (1) CUSTOMER INFORMATION for Customer (1)		
First Name	MI	Last Name
<div style="display: flex; justify-content: space-between; width: 100%;"> ____/____/____ </div>		
Birth Date		
Mailing Address		
City	State	Zip Code
Street Address (if different)		
E-Mail Address		
Home Phone	Cell Phone	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Section (1) CUSTOMER INFORMATION for Customer (2)		
First Name	MI	Last Name
<div style="display: flex; justify-content: space-between; width: 100%;"> ____/____/____ </div>		
Birth Date		
Mailing Address		
City	State	Zip Code
Street Address (if different)		
E-Mail Address		
Home Phone	Cell Phone	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		

Burlington Office
 88 King Street
 Burlington, VT 05401
 P 802-862-6244 Fax: 862-5054

St Albans Office
 13 Lake Street
 St. Albans, VT 05478
 P 802-527-2361 Fax: 527-2373



Toll free phone: 1-877-274-7431

website: www.getahome.org

Section (2) WORKSHOP INFORMATION

Fill in the name and date of the workshop you would like to attend, and how many people will be attending.

Workshop: _____ Date: _____ One (1) or Two (2)

How did you hear about the Homeownership Center / workshop? Friend Radio Newspaper
 TV Brochure Mailing / Flyer Lender Website Other: _____

Please list specific station, website, newspaper, etc _____

Do you: Rent Own a home (with a mortgage) Own a home (no mortgage) Other

Do you receive Section 8 assistance? Yes No

How many people are in your household? (This does not include roommates) _____

Gross Annual Income for the household: \$ _____

Gross Annual Income is the amount *before taxes or any other deductions are taken out* of your paycheck; include income from all sources i.e. employment, benefits, pension, etc.

Section (3) OTHER INFORMATION: This information is very important to ensure CHT's compliance with the Equal Housing Opportunity Act, and funding requirements. The registration is not complete without it.

Section (3) OTHER INFORMATION for Customer (1)

Section (3) OTHER INFORMATION for Customer (2)

Please check all that apply

- I have taken the homebuyer education workshop
- I own a SEP or land trust home
- I have a loan through CHT
- I have applied for a loan
- I am a CHT rental tenant
- I am a CHT co-op member

Race (please check all that apply):

- American Indian or Alaskan Native Asian
- Black or African American White
- Native Hawaiian or Other Pacific Islander
- Bi-racial (specify by checking all of the above that apply)
- Other _____

Ethnicity: Hispanic Not Hispanic

Gender: Male Female

Were you born a US Citizen? Yes No

Are you disabled? Yes No

Are you a Veteran? Yes No

Education Completed: Some High School
 High School Graduate 2yr College/Associate
 Bachelor Degree Mastersø Degree or above

Please check all that apply

- I have taken the homebuyer education workshop
- I own a SEP or land trust home
- I have a loan through CHT
- I have applied for a loan
- I am a CHT rental tenant
- I am a CHT co-op member

Race (please check all that apply):

- American Indian or Alaskan Native Asian
- Black or African American White
- Native Hawaiian or Other Pacific Islander
- Bi-racial (specify by checking all of the above that apply)
- Other _____

Ethnicity: Hispanic Not Hispanic

Gender: Male Female

Were you born a US Citizen? Yes No

Are you disabled? Yes No

Are you a Veteran? Yes No

Education Completed: Some High School
 High School Graduate 2yr College/Associate
 Bachelor Degree Mastersø Degree or above

***Send Form to rrecentworld@getahome.org and you can sign at the time of the workshop. Or, if you prefer print and mail form to CHT (see address above), thanks.**

Section (4) SIGNATURES

_____/_____/_____
Customer (1) Signature Date

_____/_____/_____
Customer (2) Signature Date