	t Intake/Triage Form (Use one form per person)	File#
Today's Date:		
Homebuyer Class	e Retention Counseling	Pre-Purchase Counseling
Applicant:	Date o	f Birth:
🗖 Male 🗖 Female 🗖 Other:	Co	untry of Birth:
Address:	City:	State: Zip:
Address:	City:	State:Zip:
Previous Address if less than 2 years		
Home Phone: Cellular: Email:		
Time at present Address: Yrs/Months D Rent (su		
	-	
Marital Status: Single Married Divorced .		
Household Type:	Male Single Parent 🛛 Two	Parent Family
Couple with No children Two o	or more unrelated adults	
Are you a Veteran: 🗖 Yes 🗖 No <u>Do you have a m</u>	ental or physical disability:	🗆 Yes 🗖 No
Household Monthly Gross Income: \$	Household size:	
For HUD demographic purposes,	please answer the followin	<u>g as it applies to you.</u>
Ethnicity: 🗖 Hispanic 🛛 Non-Hispanic		
Race: 🗖 Black or African American 🛛 American Indian/A	laska Native 🛛 Native Hawa	iiian/Pacific Islander 🗖 Asian 🗖 Afric
🗖 White 🛛 Middle Eastern 🗖 Slavic		
Multi-Race: 🗖 Black or African American and White 🛛 A	merican Indian or Alaska Nati	ve and Black or African American
Asian and White Dother Multiple Race		
How did you hear about our services? Real estate Agen		
🗖 Walk-In 🗖 Radio/TV/Newspaper 🗖 We	ebsite 🛛 Seminar/Class 🗖	Other
Appointment: Date:	Time: [D Mail application D Email applicat
Homebuyer Class Disclaimer: Class presenters are volunteers and Participating in the AAAH Homebuyer Class does NOT require you of any or all of AAAH's class presenters is solely a choice of the per	to use the services of any or all or signing below.	of the presenters. Using the professional serv
Signature:	AAAH Intake	
Communication:	(OFFICE USE ON	NLY)
	Class Fees Paid:	Yes 🗖 No 🛛 Cash 🗖 Check \$
	Date entered into Se	ervice Point:
	Staff Name/Initials:	
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