

For Office Use Only: Amount: \_\_\_\_\_ Date: \_\_\_\_\_ Initials: \_\_\_\_\_

CRC File #: \_\_\_\_\_ Client #: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Chapa: Week 1  Week 2  Week 3  Week 4  Survey

# Chelsea First Time Homebuyers Counseling Workshop Application

Applicant	Co-Applicant
Name:	Name:
Address:	Address:
City/State/Zip	City/State/Zip
Date of Birth:	Date of Birth:
Telephone:	Telephone:
Email:	Email:
What type of property do you wish to purchase? Condo _____ One Family _____ Two Family _____ Three Family _____ Other _____	
Age: _____ 20-30 Yrs Old _____ 31-40 Yrs Old _____ 41-50 Yrs Old _____ 51-60 Yrs Old _____ 60+	Age: _____ 20-30 Yrs Old _____ 31-40 Yrs Old _____ 41-50 Yrs Old _____ 51-60 Yrs Old _____ 60+
Gender: _____ Male _____ Female Veteran: _____ Yes _____ No Disabled: _____ Yes _____ No Head of Household? _____ Yes _____ No	Gender: _____ Male _____ Female Veteran: _____ Yes _____ No Disabled: _____ Yes _____ No Head of Household? _____ Yes _____ No
Where are you in the home buying process? (please select all that apply)	
_____ No idea where to begin. _____ Made an Offer on a property. _____ Plan to purchase a house within 2 years. _____ Had the offer accepted. _____ Plan to purchase a house in 3-5 years. _____ Have signed a P&S Agreement. _____ Actively looking to buy a house now. _____ Already working with a lender _____ Already working with a realtor..	
Have your parents or grandparents ever owned a home in the U.S.? _____ Yes _____ No	Have your parents or grandparents ever owned a home in the U.S.? _____ Yes _____ No

<b>Ethnicity</b>	<b>Ethnicity</b>
<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non Hispanic/ Latino	<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Non Hispanic/ Latino
<b>Race: (Please select one)</b>  <u>Single Race Categories</u> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White  <u>Multi-Race Categories</u> <input type="checkbox"/> American Indian or Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaskan Native and Black Or African American <input type="checkbox"/> Other Multiple Race	<b>Race: (Please select one)</b>  <u>Single Race Categories</u> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White  <u>Multi-Race Categories</u> <input type="checkbox"/> American Indian or Alaskan Native and White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaskan Native and Black Or African American <input type="checkbox"/> Other Multiple Race
<b>Where were you born?</b> <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Territory (i.e., Puerto Rico) <input type="checkbox"/> Other Country: _____	<b>Where were you born?</b> <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. Territory (i.e., Puerto Rico) <input type="checkbox"/> Other Country: _____
<b>Highest Level of Education completed:</b>	<b>Highest Level of Education completed:</b>
<input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School diploma/ GED <input type="checkbox"/> 2-year College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate school/post-secondary degree	<input type="checkbox"/> Less than High School Graduate <input type="checkbox"/> High School diploma/ GED <input type="checkbox"/> 2-year College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate school/post-secondary degree
<b>Have you seen a copy of your credit report in the last year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Do you know your credit score?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you seen a copy of your credit report in the last year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Do you know your credit score?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Household Information</b>	
<b>Household Size:</b> <b>Number of Adults:</b> _____ <b>Number of Children:</b> _____	
<input type="checkbox"/> \$20,000 or less <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$50,000 - \$60,000 <input type="checkbox"/> \$70,000 - \$80,000 <input type="checkbox"/> \$90,000 - \$100,000	<input type="checkbox"/> \$20,000 - \$30,000 <input type="checkbox"/> \$40,000 - \$50,000 <input type="checkbox"/> \$60,000 - \$70,000 <input type="checkbox"/> \$80,000 - \$90,000 <input type="checkbox"/> \$100,000+

## Certification

The applicant certifies that all the information in this application is true to the best of his or her knowledge and belief, and no information has been omitted which might reasonably affect the judgment regarding the Homebuyers Counseling Program or any material changes in income or assets from the date of application, up to and until the completion of the workshop. The applicant gives his or her permission to verify information provided from any source herein.

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Applicants Signature

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Co-Applicant's Signature

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Date

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Date

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Home buyer education (in-person)

\$60.00

Certificate is valid for one (1) year. Once expired, you must contact Chelsea Restoration to extend for an additional year.

**Provided Home Inspection information at workshop:** \_\_\_\_\_

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*Chelsea Restoration Corporation*

*154 Pearl Street - Office #2 Chelsea, MA 02150*

*Tel 617-889-2277 Fax 617-887-0611*

[www.chelsearestoration.org](http://www.chelsearestoration.org)

