

## **Educational Workshop Registration**

## TELL ME ABOUT YOURSELF

General Information: Please complete for each individual in the household

Last Name:		First Name	First Name:	
Spouse Last Name:		Spouse Fin	Spouse First Name:	
Address:	City/State/Zip Code:			
Home Phone #:	Cell#:		Email:	
Gender: □ Male	☐ Female Citizenship	: □ U.S. Citizen □	Permanent Resident □ Non-Resident	
Marital Status: □ Married □ Separated □ Single □ Divorced □ Widowed □ Elderly				
Please provide: I	Household Size Under	17 years of age:	Over 18 years of age:	
Applicant: □ Female Head of Household □ Male Head of Household				
□ U. S. Veteran □ First Time Homebuyer □ Owned a Home in the last three years				
Age:	Bir	thdate:		
Highest Education	on Level:			
Are you Hispanic: □ Yes □ No Ethnicity: □ Mexican □ Puerto Rican				
Demographic Information: (Select your race)				
☐ White ☐ African American ☐ Asian ☐ American Indian/Alaskan Native ☐ Native Hawaiian ☐ American Indian/ Alaskan Native & White ☐ Asian & White ☐ African American & White ☐ Other Multi Race				
Household Income Information:				
□ \$0- \$19,999	□ \$20,000- \$49,999 □	□ \$50,000- \$79,999	□ \$80,000- \$ 99,999 □ \$100K & over	
How did you hear about our workshop?				
CITY HALL 4	101 Broadway, Gary, IN 46402, S	uite 300   <b>P</b> : (219) 881-5	5075 <b>F:</b> (219) 881-5085   <b>E</b> : commdev@gary.gov	