



Economic Development Corporation

FHI Fall 2006 Homeownership Workshop Series Registration Form

Name: _____

Address: _____

City/State/Zip Code: _____

Phone Number: () _____

Email: _____

Are you currently a homeowner? ___ Yes ___ No

Please indicate additional resource(s) of interest and a specialist will contact you:

___ Mortgage Services ___ Credit Counseling Services ___ Real Estate Services

___ Title Company ___ Homebuyer Fair

___ Other: *Please specify* _____

I acknowledge that I am required to attend at least 5 of the 6 scheduled classes to obtain my Program Certificate.

Participant Signature

Date

For Office Use Only:

Payment Date _____ Amount _____ Payment Method _____

Check Number / Money Order Code _____ Initials _____