



NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC.

NHS DEVELOPMENT CORPORATION

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WORKSHOP REGISTRATION FORM

We are required by HUD to collect the information requested below. Fill-in or put a check mark next item that fits best for you and/or your family. This information will be kept confidential and is required for services. Once completed, return it to NHSJ via fax or email.

Workshop Date _____

First Name	Last Name	
Address/Gender	Gender: ___ Female ___ Male	
Email/Phone	Email: _____	Phone# _____
Ethnicity/Language	___ Non-Hispanic ___ Hispanic ___ ___ Chose Not to Respond	Language: ___ English ___ Spanish ___ Other
Race	___ Asian ___ Black ___ Multiple Race ___ White ___ Pacific Islander ___ Amer Indian/Alaskan Native ___ Chose Not To Respond	
Date of Birth	___/___/___ Age _____	___ Veteran ___ Disabled ___ Active Military
Education	___ High School/GED ___ College ___ Vocation ___ None ___ Below High School	
Marital Status/ Family Size	___ Single ___ Married ___ Other	Family Size (include self) _____
Household Type	___ Head of Household ___ Married No Children ___ Married W/Children	
Housing Status	___ Renter ___ Homeowner ___ Living w/Family or Friends ___ Homeless/Shelter	
Residence Type	___ Apartment ___ 1-Family ___ 2-Family ___ 3+Family ___ Condo/Co-op	
Yearly Income	\$ _____	Employer _____
Referred By	___ TV/Radio/Newspaper ___ Former Client ___ 311 ___ Elected Official ___ HUD ___ Family/Friends Other _____	
Services Needed	___ Pre-purchase services ___ Foreclosure Prevention services ___ Handyman Training ___ Home Improvement services ___ Construction Rehab services ___ Financial Literacy counseling ___ Tenant Counseling ___ Case Management	

All Information Released to NHSJ/NHSDC Will Remain Strictly Confidential

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