

PARTICIPANT INFORMATION

Name:

<i>First</i>	<i>MI</i>	<i>Last</i>	<i>Salutation</i>
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Address:

Street _____

City _____ State _____ Zip code _____

Home: (____) _____ - _____

Mobile: (____) _____ - _____ / ____ / ____

E-Mail: _____ Birthdate _____ Age _____

Gender: _____ Male _____ Female _____ Other

Race:

____ White, not of Hispanic origin ____ Hispanic ____ American Indian/Alaskan Native
____ Black, not of Hispanic origin ____ Asian/Pacific Islander ____ Other

Veteran? _____ Yes ____ No

Disabled? _____ Yes ____ No

Household Type? _____ Single Adult ____ Married without children ____ Other
____ Female-Headed Single Parent ____ Married with children
____ Male-Headed Single Parent ____ Two or more unrelated adults

Family/Household Size: _____ Number of disabled people in home: _____

Number of dependents: _____ Number of Veterans in home: _____

Annual Household Income: \$ _____

Education:

____ Below High School Diploma ____ Two-Year College ____ Graduate Degree
____ High School Diploma or Equivalent ____ Bachelor's Degree

AUTHORIZATION

I/We certify that all information in this intake form, for assistance through Western Catskills Community Revitalization Council Inc., is true and complete to the best of my knowledge and/or belief.

I/We grant Western Catskills Community Revitalization Council Inc. the right to independently verify any or all of the information supplied herein and to report personal information to our professional and financial affiliates including but not limited to HUD, USDA Rural Development, NeighborWorks, the State of New York and the Attorney General, for the purpose of program review, auditing, research and oversight purposes.

Signature _____ Date _____