



Neighborhood Housing Services of Staten Island Inc.  
 770 Castleton Avenue  
 Staten Island, NY 10310  
 Tel. 718-442-8080 ~ Fax: 718-442-8245  
[www.nhsfsi.org.org](http://www.nhsfsi.org.org)  
[www.livebetterstatenisland.org](http://www.livebetterstatenisland.org)



Date: \_\_\_\_\_

**REGISTRATION FORM**

**CUSTOMER**

*Please Print Clearly*

Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

Home: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

Email: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Preferred Language: \_\_\_\_\_

Number of Co-applicants: \_\_\_\_\_ Number in Household: \_\_\_\_\_

Race (please circle):

- |   |   |                                     |
|---|---|-------------------------------------|
| 1. White                                    | 2. Black or African American              | 3. American Indian/Alaskan Native   |
| 4. Asian                                    | 5. Native Hawaiian/Other Pacific Islander |                                     |
| 6. American Indian/Alaskan Native and White | 7. Asian and White                        | 8. Black/African American and White |
| 9. American Indian/Alaskan Native and Black | 10. Other                                 |                                     |

Ethnicity (please circle "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin)

Hispanic? Yes No

Please check all that apply:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Veteran                               | <input type="checkbox"/> Head of Household    | <input type="checkbox"/> Disabled           |
| <input type="checkbox"/> Housing Choice Voucher<br>(Section 8) | <input type="checkbox"/> First-time Homebuyer | <input type="checkbox"/> Disabled Dependent |

Gender (please circle): Male Female

Current Housing Arrangement (please circle):

- |                                     |  |
|-------------------------------------|--|
| 1. Rent                             | 2. Homeless                                      |
| 3. Homeowner with mortgage          | 4. Living with family member and not paying rent |
| 5. Homeowner with mortgage paid off |  |

Annual Family or Household Income: \$ \_\_\_\_\_

Referred to by: (please circle all that apply):

- |                     |         |            |          |                   |
|---------------------|---------|------------|----------|-------------------|
| Print Advertisement | Bank    | Government | TV/Radio | Realtor           |
| Website/Internet    | Walk-In | Friend     | 311      | Newspaper Article |

Other (please specify) \_\_\_\_\_

If you were referred by a bank, which one? \_\_\_\_\_

For NHS Use Only: Service Type \_\_\_\_\_ Sponsor \_\_\_\_\_

