



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
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 (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 _____

