



Address Yourself Enrollment Form

GENERAL INFORMATION		
New Jersey County in Which You Would Like to Purchase:		
Household Size: _____ Number of Adults _____ Number of Dependents _____		
Has any adult in your household owned a home in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you or any adult in your household an employee of AtlantiCare or Capital Health? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How did you hear about us?		
CLIENT INFORMATION		
Last Name:	First Name	Middle Initial:
Email Address:	Phone Number:	
Current Address		
Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family/Friends <input type="checkbox"/>	Rent per Month (if applicable):	
Mortgage lender name:	Are you under contract to purchase a property?	
If so, where is the property located?		
The following information will not be used to determine your eligibility for any of our programs. It is gathered to help us describe our clients to the investors who enable New Jersey Community Capital to provide homeownership programs.		
Race: <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native/Indigenous <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Two or more Races <input type="checkbox"/> Prefer Not To Say		
Ethnicity: <input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx		
Do you identify as LGBTQIA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender:	
Military Status: <input type="checkbox"/> None <input type="checkbox"/> Active <input type="checkbox"/> Veteran		
2 ND CLIENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Email Address:	Phone Number:	
Current Address (if different than above):		
Rent <input type="checkbox"/> Own <input type="checkbox"/> Live with Family/Friends <input type="checkbox"/>	Rent per Month (if applicable):	
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