



First Time Homebuyers Workshop Registration Form

Date: _____ Time: 8:30 - 4:30 PM

Location: Kingdom CDC
Zoom - Online

Hosted by: Kingdom Community Development, Spring Lake NC and Sponsored by: City of Fayetteville Community Development Office.

Please complete this form and return to KCDC.

Name: _____

Address: _____

Last 4 of Social Security Number: _____

City: _____ State: _____ Zip Code: _____

Telephone #: Day: _____ Cell Phone #: _____

Email Address: _____

Family Size: _____ Monthly Rent: \$ _____

Income: (Please include unemployment, child support, alimony, social security, etc.)

Wage Earner 1 approx. gross monthly income: \$ _____

Wage Earner 2 approx. gross monthly income: \$ _____

How did you hear about this workshop? _____

Are you currently working with a down payment assistance program? If so, which one?

Are you currently working with a realtor or a bank/mortgage company? If so, which one?

Please circle your choice:

1. I am: Single Married Divorced Separated

2. I am: Male Female

3. Ethnic Description: Black Hispanic Native American White Other

4. Are you currently living in Section 8 or Government Housing? Yes No

5. I am interested in getting help: Budgeting Credit Report Review Self Debt Repayment

6. When you plan to purchase a home? Within 6months 7-12Months 1-2years

Cost of Services

| | |
|-------------------------------|--------------|
| Homebuyer's Education Class | \$160.00 |
| One-on-One Counseling | \$100.00 |
| Follow up Counseling Sessions | \$50.00 each |

- Fees may be waived for low-to-moderate income families who are able to provide documentation (ask representative for more information)
- Fees may be waived due to available grant funding and restrictions

_____(initial) I understand that Kingdom Community Development Corporation of Spring Lake, NC has an agreement with the City of Fayetteville to render services and therefore may be required to share the above mentioned information with the City of Fayetteville and other Housing agents administrators for the purpose of program monitoring, compliance and evaluation. I also give permission to Kingdom CDC to use any remarks, testimonials, photos or videotape material taken of myself during regular business operations or during a special project. I understand that the testimony, photo or video may appear in wide circulation or in limited release. I also understand that the photos or video may be released via social media outlets and hereby consent to such activity.

To the best of my knowledge the above information is correct.

Signature/Date

Please return to: Kingdom Community Development Corporation
129 N. Main Street Spring Lake, NC 28390
Attn: Amy Kemp
Phone Number: 910-484-2722
Fax Number: 910-302-7745
Email: amykemp2017@att.net

