



SCAN AND EMAIL TO CBARRETT@CAPNWMT.ORG OR DROP OFF AT 214 MAIN STREET KALISPELL, MT 59901

REQUIRED REGISTRATION FORM

WHAT CLASS ARE YOU SIGNING UP FOR? Rent Wise Thursday's at 1pm to 2pm circle date below

DATE OF WORKSHOP? In Person Class please circle date of the class you want to take. Must Pre-Register a week prior to the class. Class is held at 214 Main Street Kalispell. Must have at least 5 students to do the class. You will be notified if the class is canceled, that morning of the scheduled class by phone.

December 2019 19th
January 2020 9th and 23rd
February 6th and 20th
March 5th and 19th
April 9th and 23rd
May 7th and 21st
June 4th and 18th
July 3rd and 27th
August 13th and 27th
September 10th and 24th
October 8th and 22nd
November 12th
December 3rd and 17th

NAME: _____ EMAIL: _____

NAME (CO-APPLICANT): _____

ADDRESS (PHYSICAL, NOT PO BOX): _____

CITY, STATE, ZIP CODE: _____

COUNTY: _____

PHONE NUMBER: _____

SECOND PHONE NUMBER: _____

PRIMARY LANGUAGE SPOKEN AT HOME (INCLUDING ASL- AMERICAN SIGN LANGUAGE):

APPLICANT	CO APPLICANT
RACE (CIRCLE AS MANY AS APPLY) WHITE, BLACK/AFRICAN AMERICAN, ASIAN, NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	RACE (CIRCLE AS MANY AS APPLY) WHITE, BLACK/AFRICAN AMERICAN, ASIAN, NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER
FOREIGN BORN? YES OR NO	FOREIGN BORN? YES OR NO
ETHNICITY NOT HISPANIC / HISPANIC	ETHNICITY NOT HISPANIC / HISPANIC
GENDER MALE / FEMALE	GENDER MALE / FEMALE
HOW MANY PEOPLE ARE IN YOUR HOUSE HOLD? ____ MALE FEMALE	CIRCLE ARE YOU A VETERAN OR ACTIVE MILITARY? YES OR NO
CIRCLE ARE YOU A VETERAN OR ACTIVE MILITARY? YES OR NO	HEAD OF HOUSEHOLD? YES OR NO
ARE YOU THE HEAD OF HOUSEHOLD? YES OR NO	ARE YOU THE HEAD OF HOUSEHOLD? YES OR NO
DATE OF BIRTH:	DATE OF BIRTH:
EDUCATION LEVEL (CIRCLE) COLLEGE-DOCTORATE COLLEGE-MASTER' DEGREE COLLEGE-BACHLOR'S DEGREE CERTIFICATE TRAINING VOCATIONAL SOME COLLEGE HIGH SCHOOL/GED PRIMARY NONE	EDUCATION LEVEL (CIRCLE) COLLEGE-DOCTORATE COLLEGE-MASTER' DEGREE COLLEGE-BACHLOR'S DEGREE CERTIFICATE TRAINING VOCATIONAL SOME COLLEGE HIGH SCHOOL/GED PRIMARY NONE
MARITAL STATUS (CIRCLE ONE) MARRIED, SINGLE, DIVORCED, WIDOWED	MARITAL STATUS (CIRCLE ONE) MARRIED, SINGLE, DIVORCED, WIDOWED
HOUSING STATUS (CIRCLE ONE)	HOUSING STATUS (CIRCLE ONE)
RENT, OWN, STAYING WITH FRIENDS/FAMILY, OTHER	RENT, OWN, STAYING WITH FRIENDS/FAMILY, OTHER
ESTIMATED HOUSEHOLD ANNUAL INCOME (HOURLY WAGE X HOURS PER WEEK X52) \$	ESTIMATED HOUSEHOLD ANNUAL INCOME (HOURLY WAGE X HOURS PER WEEK X52) \$
IS ANYONE IN THE HOUSE DISABLED? (CIRCLE ONE) YES NO	HOW DID YOU HEAR ABOUT THE CLASS? (CIRCLE ONE) CAP WEBSITE, FAMILY/FRIEND OTHER: