



How may we be of service?

Thank you for your interest in our services. So that we may be more efficient in assisting you, please take a moment to provide us with some information. Please know that this information is not shared with any other organization or individual. We use it to provide demographic information about our customers to our funders.

Phone Inquiry _____ Walk-In _____ FHLBI Time _____ Date _____

Customer Information

Customer's Name: _____
Spouse/Partner Name: _____
Street Address: _____
City/State: _____ Zip code: _____
Telephone Number: _____ Email Address: _____

Demographic Information

Please help us collect basic demographic information about you. This information will only be used in our general reporting and will not be linked to you contact information or used in any discriminatory manner. Please check the box that most closely resembles you.

Gender	Date of Birth	Is anyone in the Household:	Ethnicity - please check all that apply	
<input type="checkbox"/> Male _____	_____	Veteran ___ yes / no	<input type="checkbox"/> African American	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Female _____	_____	Disabled ___ yes / no	<input type="checkbox"/> Latino/Hispanic	<input type="checkbox"/> Caucasian
<input type="checkbox"/> U.S. Citizen	yes / no		<input type="checkbox"/> Native American	<input type="checkbox"/> Middle Eastern
			<input type="checkbox"/> Multi _____	<input type="checkbox"/> Other _____

I currently own a home I currently rent my home I currently live with family or friends I am Homeless

Household Information

Total in Household	Type of School Attending:	Annual Household Income \$
How many children ages 0-8 _____	# in Preschool _____	Weekly \$ _____
How many children ages 9-17 _____	# in Public School _____	Monthly \$ _____
How many people ages 18+ _____	# in Private School _____	Bi-Weekly \$ _____
	# in College _____	Other \$ _____

Services

Please check the service(s) that brings you to us.

<input type="checkbox"/> Home Buyer Education	<input type="checkbox"/> Rental	<input type="checkbox"/> Loan - Home Purchase	<input type="checkbox"/> Neighborhood Crime Watch
<input type="checkbox"/> Credit Rebuilding/Coaching	<input type="checkbox"/> Purchase a Home	<input type="checkbox"/> Loan - Down Payment Assistance	<input type="checkbox"/> Neighborhood Project
<input type="checkbox"/> Financial Fitness Classes	<input type="checkbox"/> Property Tax Assistance	<input type="checkbox"/> Loan - Home Improvement	<input type="checkbox"/> NPC Support
<input type="checkbox"/> Foreclosure Counseling	<input type="checkbox"/> Loan - Small Business	<input type="checkbox"/> FHLBI	<input type="checkbox"/> Other _____

Referral

How did you learn about us?

<input type="checkbox"/> Realtor	<input type="checkbox"/> The Shopper	<input type="checkbox"/> Radio	<input type="checkbox"/> Home Magazine	<input type="checkbox"/> Community Meeting	<input type="checkbox"/> Friend/Work
<input type="checkbox"/> The Enquirer	<input type="checkbox"/> SWMDC.com -	<input type="checkbox"/> 211 Help Line	<input type="checkbox"/> My Bank	<input type="checkbox"/> Other _____	

Customer Signature: _____

NIBC Staff Initials _____

Entered into Excel _____