

# Client Application Financial Counseling

Client # (For Office Use ) \_\_\_\_\_

Applicant Name: Birth Date: SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Co-Applicant Name: Birth Date: SSN \_\_\_\_-\_\_\_\_-\_\_\_\_

Property Address: How Long?

Mailing Address: Phone Number:

Email Address:

I would like Action Pathways, Inc. to forward information about activities of the organization to my email address Yes No

## Highest Level of Education:

**Applicant:**

**Co-Applicant:**

High School:

Community Technical School:

College:

Graduate:

## Ethnicity:

**Applicant:**

**Co-Applicant:**

White

Black or African American

American Indian or Alaska Native

Asian

Hispanic or Latino

Native Hawaiian or Other Pacific Islander



