

## FINANCIAL FITNESS Attendance Sheet



**Class Date:** \_\_\_\_\_

**Counseling Agency/Counselor:** \_\_\_\_\_

**Class Location:** \_\_\_\_\_

**Number of Attendees:** (please count *one per household*) \_\_\_\_\_

**Group File Number:**

\_\_\_\_\_

*(only one signature per household is required)*

Applicant Name	Co-Applicant	Current Address	Home Telephone Number	CMAX /HCO#	Referred By	Signature