# FINANCIAL FITNESS
## Walk-In 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 |
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***This form may not be altered.***

rev. 11/17