Landlord Education
Walk-In Attendance Sheet

Class Date: _____

Counseling Agency/Counselor:_____

Total Number of Attendees: *(please one count per household)* _____

Class Location:_____

(only one signature required per household)

Group File Number:

_____

Applicant Name	Co-Applicant	Current Address	Home Telephone Number	CHFA Loan Number	HCO/CMAX Number	Signature

This form may not be altered.

Rev. 11/2017