PRE-PURCHASE EDUCATION
Attendance Sheet

Counseling Agency/Counselor:_____

Class Location:_____

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

(only <u>one signature</u> required per household)

Group File Number:
_____

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

This form may not be altered.

Rev. 11/17