

INVESTMENTS

A RESOURCE TO REACH THE AMERICAN DREAM

Intake Form Investment Education Program

Participant Name: First _____
Last _____
Middle Initial _____

Address:

Street: _____
City: _____
State: _____
County: _____
Zip Code: _____

Phone Numbers:

Home: _____
Work: _____
Fax: _____
Mobil: _____

E-mail Address: _____

Age: _____

Date of Birth: Month _____
Date: _____
Year: _____

Place of Birth: City _____
State _____
Country: _____

Gender: ___ Female ___ Male

Marital Status: ___ Single
___ Married
___ Separated
___ Divorced

Alternate Contact Name: _____
Alternate Contact Telephone Num.: _____

Ethnicity

- White
- African American/Black
- Native American
- Asian
- Pacific Islander
- Other

National Origin

- Puerto Rican
- Cuban
- Dominican
- Nicaraguan
- Colombian
- Venezuelan
- Mexican
- Haitian
- Other

US Citizen: Yes
 No

Immigration Status

- N/A
- Permanent Resident
- Student/Tourist Visa
- Political Refugee
- Employment Authorization
- Other (Please specify)

Are you a Veteran? Yes No

Financial Information

Do you have a savings account? Yes:
No:

Do you have a checking account? Yes:
No:

Do you have life insurance? Yes:
No:

Do you own stocks and bonds? Yes:
No:

Do you have a retirement account?

Yes: ____

No: ____

When do you consider that you will be ready start investing

____ 0-6 months

____ 6 months to 1 year

____ 1 year or more

Date of Initial Intake _____ Return Date: _____

Place of Initial Intake _____

Termination (close out record) date _____