4-Sight Counseling, Inc.

937 Broadway Suite 305 *573-334-7995*
Cape Girardeau, MO 63701 *573-335-8610 - Fax*

Information for Government Monitoring Purposes

Demographics Details

Race: *Please Select…*
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Information not provided

Ethnicity Type Code: *Please Select…*
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Date of Birth: ____ / ____ / ____

Number of Dependents: ____

Household Size: ____

Household Type: *Please Select…*
☐ Single Adult
☐ Female - Headed single parent household
☐ Male - Headed single parent household
☐ Married without dependents
☐ Married with dependents
☐ Two or more unrelated adults
☐ Other

Credit Report Source: ____

Credit Score: ____

Reason for no credit information: ____

Marital Status: *Please Select…*
☐ Married
☐ Separated
☐ Unmarried
☐ Widowed
☐ Divorced
☐ Choose Not to Respond

Gender: Male ☐ Female ☐

Citizenship: *Please Select…*
☐ US Citizen
☐ Non-Resident Alien
☐ Permanent-Resident Alien

Country of Origin: ____

Preferred Lanquage: ____

Check if Foreign-Born: ☐

Client Type: *Please Select…*
☐ Homeless
☐ Homeowner (Mortgage paid off)
☐ Mortgagor
☐ Potential Buyer
☐ Potential Renter
☐ Renter
☐ Other

Check if Disabled: ☐

Education Level: *Please Select …*
☐ No High School Diploma
☐ High School Diploma
☐ GED® diploma
☐ Vocational certificate
☐ Some college-Never completed
☐ Associates Degree
☐ Bachelors Degree
☐ Masters Degree
☐ Doctoral Degree

Victim of Discrimination: ☐

Victim of Predatory Lending: ☐

HECM Certificate: ☐

HECM Expiration Date:

____ / ____ / ____