



Project Genesis
First Time Homebuyer Education Program
REGISTRATION FORM

Participant One	Participant Two
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone [daytime]:	Phone [daytime]:
Phone [evening]:	Phone [evening]:
Email:	Email:

Register me for the class that starts on: _____

If you choose to register, please enclose your check for \$60 (payable to Merrimack Valley Housing Partnership) with this form. Thank You.

The Merrimack Valley Housing Partnership promotes special mortgage programs and down payment assistance programs. It does not, however, fund these programs. They are not always available. The primary benefit of attending the classes is for its educational value. In submitting this registration form, I understand that my participation does not guarantee any financial benefit.

Mail to:

MVHP

P.O. Box 1042

Lowell, MA 01853-1042

Tel: (978) 459-8490 / Fax: (978) 459-0194 / www.mvhp.org