



1222 Main Street  
St. Johnsbury, VT 05819  
800.234.0560 TTY 800.253.0191  
ruraledge.org

### Homebuyer Education Workshop

Thank you for allowing the **HomeOwnership Center** to help you through the home-buying process. The purpose of this program is to help you become a successful homeowner.

Your first step is to **register** for a Homebuyer Education class. Please see class options below:

- Take the in-person class that is held on the third Saturday of the month. The fee for the in-person class is \$85.00 dollars. If you pay ahead of time, the fee for the in-person class is \$50 dollars.
- Take the virtual zoom option during the same time as the in-person class that is held on the third Saturday of the month. The fee for the virtual zoom class is \$85 dollars.
- Take the online class **anytime** by going to [ehomeamerica.org](http://ehomeamerica.org). The fee for the ehome class is \$100 dollars. There is a discount code (ruraledge14) that will give you \$14 dollars off to make the online class \$86 dollars.

The class fee covers you and one other person from your household who wishes to attend. The in-person and virtual zoom class schedule are on the last page of this intake packet. Be sure to register for the in-person and virtual class early because space is limited!

Following the workshop, you will be assigned to meet with your personal HUD certified counselor who'll work with you throughout the process of buying your home. To help your counselor get familiar with your needs and opportunities, we ask that you fill out the enclosed **Personal Intake Registration Form**.

Please mail or drop off the completed intake form with your registration fee to:

Rural Edge  
Attn: Homeownership Center  
1222 Main Street  
St. Johnsbury, VT 05819

If you are taking the class in-person or as a virtual zoom option during the in-person class, you can drop off or mail the intake packet and check written out to Rural Edge at 1222 Main Street, St. Johnsbury located between the Hilltopper restaurant and secondhand bookstore.

Please feel free to call 802-473-3919 or 802-535-3555 or email us at [homeownership@ruraledge.org](mailto:homeownership@ruraledge.org) with any questions you may have. You can also find us at [www.ruraledge.org](http://www.ruraledge.org).



**Personal Intake Registration Form**  
*This is NOT an application for a loan!*

**CUSTOMER**

**Name:** \_\_\_\_\_  
First MI Last

**Mailing Address:** \_\_\_\_\_  
Street City State Zip Code

**Physical Address:** \_\_\_\_\_  
Street City State Zip Code

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Education:**  No High School Diploma  High School Diploma /Equivalent  Other (Describe): \_\_\_\_\_  
 Two Year College Degree  Bachelor's Degree  
 Master's Degree  Above Master's Degree

**Marital Status:**  Single  Married  Civil Union  Divorced  Widowed  Separated

**Handicapped or Disabled?**  No  Yes Do you need an accommodation? \_\_\_\_\_

**Are you Active Military?**  No  Yes **Veteran?**  No  Yes

**Current Housing Arrangement:**

- Rent  Homeowner with Mortgage
- Homeowner with Mortgage Paid Off  Homeless
- Living with Others/Not Paying Rent  Other (Describe): \_\_\_\_\_

**Are You a First Time Homebuyer?** (You currently do not own a home and have not owned a home in the past three (3) years.)  
 No  Yes

**Household Type:**

- Female Headed Single Parent Household  Male Headed Single Parent Household  Single Adult
- Two or More Unrelated Adults  Married with Children  Married without Children
- Other (Describe): \_\_\_\_\_

**Which In Person-Homebuyer Education Class will you be attending?** (Check One):

- Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov
- Online

**How did you hear about us?**

- Brochure  Workshop Flyer  HUD  Lender  Newspaper Ad  Social Service
- Radio  Real Estate Agent  USDA  Website  Social Service  Word of Mouth



Do you receive Section 8 Rental Assistance?  No  Yes If yes, when did assistance begin? \_\_\_\_\_

Have you applied for Section 8 Assistance through VSHA (Vermont State Housing Authority)?  No  Yes

Family/Household Size: \_\_\_\_\_ (Please use back page if more space is required.)

**Dependents:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are there non-dependents who will be living in the home?  No  Yes

**Non-Dependents:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

**CUSTOMER EMPLOYMENT**

**Primary Employer:** \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code Phone

\_\_\_\_\_  Full Time  Part Time \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Title or Job Description Hire Date

Can you be contacted at work?  No  Yes

Gross Monthly Income (Before Taxes) \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

**Secondary Employer:** \_\_\_\_\_

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Code Phone

\_\_\_\_\_  Full Time  Part Time \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Title or Job Description Hire Date

Can you be contacted at work?  No  Yes

Gross Monthly Income (Before Taxes) \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

**Name:** \_\_\_\_\_  
First
MI
Last

**Mailing Address:** \_\_\_\_\_  
Street
City
State
Zip Code

**Physical Address:** \_\_\_\_\_  
Street
City
State
Zip Code

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Work Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Cell Phone:** (\_\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Education:**  
 No High School Diploma  
 High School Diploma /Equivalent  
 Other (Describe): \_\_\_\_\_  
 Two Year College Degree  
 Bachelor’s Degree  
 Master’s Degree  
 Above Master’s Degree

**Marital Status:**  
 Single  
 Married  
 Civil Union  
 Divorced  
 Widowed  
 Separated

**Handicapped or Disabled?**  
 No  
 Yes  
 Do you need an accommodation? \_\_\_\_\_

**Are you Active Military?**  
 No  
 Yes  
**Veteran?**  
 No  
 Yes

**CO-CUSTOMER EMPLOYMENT**

**Primary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Street
City
State
Zip Code
(\_\_\_\_\_) Phone

\_\_\_\_\_  
 Full Time  
 Part Time  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hire Date

Title or Job Description

Can you be contacted at work?  
 No  
 Yes

Gross Monthly Income (Before Taxes) \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

**Secondary Employer:** \_\_\_\_\_

\_\_\_\_\_  
Street
City
State
Zip Code
(\_\_\_\_\_) Phone

\_\_\_\_\_  
 Full Time  
 Part Time  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hire Date

Title or Job Description

Can you be contacted at work?  
 No  
 Yes

Gross Monthly Income (Before Taxes) \$ \_\_\_\_\_ Annual \$ \_\_\_\_\_

**ALL HOUSEHOLD INCOME**

| <b>Type of Income</b>          | <b>Customer Monthly Amount</b> | <b>Co-Customer Monthly Amount</b> |
|--------------------------------|--------------------------------|-----------------------------------|
| Salary/Employment Income       |                                |                                   |
| Self-Employed Income           |                                |                                   |
| Unemployment Income            |                                |                                   |
| Alimony/Child Support Income   |                                |                                   |
| Public Assistance Income       |                                |                                   |
| Social Security Income         |                                |                                   |
| Disability Income              |                                |                                   |
| Pension Income                 |                                |                                   |
| Other: _____                   |                                |                                   |
| Annual Family/Household Income |                                | \$ _____                          |

Can you document your child support/alimony income?  No  Yes Expires: \_\_\_\_\_

If a household member receives SSI or SSDI, how long will the payments continue? \_\_\_\_\_

Regarding seasonal employment, have you worked in this field for two (2) or more years?  No  Yes

If you receive disability income, is it for a permanent disability?  No  Yes

Current Monthly Rent or Mortgage: \_\_\_\_\_  
Customer Co-Customer

**WHERE ARE YOU IN THE HOME BUYING PROCESS?**

Which financial institution do you use? \_\_\_\_\_

Have you...? (Please check all that apply)

|                                              |                                                                             |
|----------------------------------------------|-----------------------------------------------------------------------------|
| <i>Submitted a Mortgage Application?</i>     | <input type="checkbox"/> Lender/Loan Officer Name & Contact Number<br>_____ |
| <i>Have a Signed Purchase and Sales?</i>     | <input type="checkbox"/> Real Estate Agent _____                            |
| <i>Completed Home Inspection?</i>            | <input type="checkbox"/> Who? _____                                         |
| <i>Received Financing Commitment Letter?</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes                    |
| <i>Have a Closing/Settlement Agent?</i>      | <input type="checkbox"/> Who? _____                                         |
| <i>Have a Closing Date?</i>                  | <input type="checkbox"/> When? _____                                        |
| <i>Other:</i>                                | _____                                                                       |

Do you have any savings (capital) for down payment and closing costs?  No  Yes

How much savings do you have for down payment and closing costs? \_\_\_\_\_

# BUDGET/SPENDING PLAN

| <b><u>Your Bills and When they are Due</u></b> |                            | Next Due<br>Date of<br>Bill | Monthly<br>Payment | Principal<br>Balance | Amount<br>Past<br>Due |
|------------------------------------------------|----------------------------|-----------------------------|--------------------|----------------------|-----------------------|
| <b>Housing</b>                                 | Rent or Mortgage (1st)     |                             |                    |                      |                       |
|                                                | Rent or Mortgage (2nd)     |                             |                    |                      |                       |
|                                                | Electricity payment        |                             |                    |                      |                       |
|                                                | Fuel/Oil / Wood/ Propane   |                             |                    |                      |                       |
|                                                | Home Telephone             |                             |                    |                      |                       |
|                                                | Cell Phone                 |                             |                    |                      |                       |
|                                                | Cable/Satellite            |                             |                    |                      |                       |
|                                                | Internet                   |                             |                    |                      |                       |
|                                                | Water                      |                             |                    |                      |                       |
|                                                | Sewer/Septic               |                             |                    |                      |                       |
| Other:                                         |                            |                             |                    |                      |                       |
| <b>Food</b>                                    | Groceries                  |                             |                    |                      |                       |
|                                                | Lunches – including school |                             |                    |                      |                       |
|                                                | Eating Out                 |                             |                    |                      |                       |
|                                                | Snacks                     |                             |                    |                      |                       |
|                                                | Other:                     |                             |                    |                      |                       |
| <b>Transportation</b>                          | Vehicle #1                 |                             |                    |                      |                       |
|                                                | Vehicle #2                 |                             |                    |                      |                       |
|                                                | Gas                        |                             |                    |                      |                       |
|                                                | Car Insurance              |                             |                    |                      |                       |
|                                                | Car Repairs / Tires        |                             |                    |                      |                       |
|                                                | Public Transportation      |                             |                    |                      |                       |
|                                                | Other:                     |                             |                    |                      |                       |
| <b>Health</b>                                  | Health Insurance Premium   |                             |                    |                      |                       |
|                                                | Medical / Dental Co-pay    |                             |                    |                      |                       |
|                                                | Prescriptions              |                             |                    |                      |                       |

|                               | <b><u>Your Bills and When they are Due</u></b> | Next Due<br>Date of<br>Bill | Monthly<br>Payment | Principal<br>Balance | Amount<br>Past<br>Due |
|-------------------------------|------------------------------------------------|-----------------------------|--------------------|----------------------|-----------------------|
| <b>Children</b>               | Child Care                                     |                             |                    |                      |                       |
|                               | Activities and Sports                          |                             |                    |                      |                       |
|                               | School Costs                                   |                             |                    |                      |                       |
|                               | Toys, Books, Games, Etc.                       |                             |                    |                      |                       |
|                               | Other:                                         |                             |                    |                      |                       |
| <b>Credit, Loans, Savings</b> | Credit Card #1:                                |                             |                    |                      |                       |
|                               | Credit Card #2:                                |                             |                    |                      |                       |
|                               | Loan #1:                                       |                             |                    |                      |                       |
|                               | Loan #2:                                       |                             |                    |                      |                       |
|                               | Loan #3:                                       |                             |                    |                      |                       |
|                               | Savings for:                                   |                             |                    |                      |                       |
|                               | Other:                                         |                             |                    |                      |                       |
| <b>Luxury Items</b>           | Gifts                                          |                             |                    |                      |                       |
|                               | Alcohol/ Tobacco products/ Habits              |                             |                    |                      |                       |
|                               | Movies or video purchases and rentals          |                             |                    |                      |                       |
|                               | Books, newspapers or magazines                 |                             |                    |                      |                       |
|                               | Pet care (vet)                                 |                             |                    |                      |                       |
|                               | Travel, vacation, camping, hunting/fishing     |                             |                    |                      |                       |
|                               | ATV's, snowmobiles                             |                             |                    |                      |                       |
|                               | Clothes (all family members)                   |                             |                    |                      |                       |
|                               | Personal care items                            |                             |                    |                      |                       |
|                               | Charity / Church                               |                             |                    |                      |                       |
|                               | Other:                                         |                             |                    |                      |                       |
|                               |                                                |                             |                    |                      |                       |

# AUTHORIZATION

**I authorize the HomeOwnership Center to:**

- a) Pull my/our credit to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- b) Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- c) Obtain a copy of the Closing Disclosures from the lender who granted me/us a loan or the Title Company/Lawyer that closed the loan when I purchased a home.
- d) I have received a copy of the RuralEdge Privacy Policy and Practices
- e) Send notifications to me via text message, email or other means of communication as needed.
  - **Do you wish to opt out of the text message notification option?**    No    Yes

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Customer

\_\_\_\_\_  
Date

**Please Complete and Return to:**

RuralEdge NeighborWorks® HomeOwnership Center  
 1222 Main Street, St. Johnsbury, VT 05819  
 (802) 535-3555 x1304 ♦ Toll Free - (800) 234-0560  
 Online at [ruraledge.org](http://ruraledge.org) ♦ Email at [homeownership@ruraledge.org](mailto:homeownership@ruraledge.org)  
*“This institution is an equal opportunity provider and employer”*

“The following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking to participate in this Program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose to not furnish this information, we are required to note the race/national origin of the individual applicant(s) on the basis of visual observation or surname.”

| CUSTOMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CO-CUSTOMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Ethnicity (Select One)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><br>Race (Select One or More)<br><input type="checkbox"/> White<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> American Indian/Alaskan Native and Black<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native and White<br><input type="checkbox"/> Black/African American and White<br><input type="checkbox"/> Other<br><br>Gender (Select One)<br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><br>Were you born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | Ethnicity (Select One)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><br>Race (Select One or More)<br><input type="checkbox"/> White<br><input type="checkbox"/> American Indian/Alaskan Native<br><input type="checkbox"/> Native Hawaiian/Other Pacific Islander<br><input type="checkbox"/> Asian and White<br><input type="checkbox"/> American Indian/Alaskan Native and Black<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Asian<br><input type="checkbox"/> American Indian/Alaskan Native and White<br><input type="checkbox"/> Black/African American and White<br><input type="checkbox"/> Other<br><br>Gender (Select One)<br><input type="checkbox"/> Male <input type="checkbox"/> Female<br><br>Were you born in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No |





# AUTHORIZATION TO RELEASE INFORMATION

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) Phone \_\_\_\_\_

I/We authorize the release of information to and/or from RuralEdge and the HomeOwnership Center (HOC) regarding my/our income, debt, credit, mortgage, rent, employment, homeowners/hazard insurance, housing situation, closing disclosure, and any other necessary information, including the procurement of a credit report at any time, in order to obtain, verify or re-verify any information for the purposes of assisting in the acquisition, financing, refinancing, retention or repair of housing.

I/We further agree that photocopies or facsimiles of this authorization may be used for the purposes stated above.

This document constitutes my/our consent for the following organization(s) to release information to RuralEdge and the HOC and for RuralEdge and the HOC to release information to said organization(s), for the purposes stated above:

- Attorneys and/or Title Companies Associated with the Transaction(s)
- Banks, Credit Union, and other Lending Institutions Associated with the Transaction(s)
- CBC Innovis, Equifax, Experian, and TransUnion
- Citizens Housing and Planning Association (CHAPA)
- Community Connections (NVRH)
- Homeowner's Insurance/Hazard Insurance Agencies and/or Companies
- NeighborWorks® America (NW)
- Northeast Employment and Training Org. Inc. (NETO)
- Northeast Kingdom Community Action (NECKA)
- Northern Counties Health Care
- State of Vermont Department of Financial Regulation
- Vermont Agency of Human Services (AHS)
- Vermont Community Development Program (VCDP)
- Vermont Department of Disabilities, Aging and Independent Living (DAIL)
- Vermont Housing Conservation Board (VHCB)
- Vermont Housing Finance Agency (VHFA)
- Vermont State Housing Authority (VSHA)
- U.S. Department of Housing and Urban Development (HUD)
- U.S. Department of Agriculture – Rural Development (USDA-RD)
- All of the Above
- All of the Above, Except: \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

This consent is given freely and is open to all information provided to or acquired by NCLC, RuralEdge and the HOC and/or the above organizations in connection with my/our pending acquisition, financing, refinancing, retention or repair of housing. This consent is in addition to the release of information as provided for my/our Customer Service Agreement with the HomeOwnership Center (if applicable).

I/We further agree that the HomeOwnership Center may use information, history, and photos in connection with your request for promoting the HomeOwnership Center, and for the preparation of proposals to the funders of NCLC, RuralEdge and the HOC.

I/We also authorize the HomeOwnership Center to share information about the services I/we receive through the HomeOwnership Center with Vermont Housing Finance Agency for research and statistical purposes.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## RURALEGE, INC. PRIVACY POLICY AND PRACTICES

RuralEdge / Northeast Community Lending Corporation (NCLC) and the NeighborWorks® HomeOwnership Center value your trust. Protecting your confidential information is important to us. This notice describes our policy regarding the collection and disclosure of personal information.

**RuralEdge / Northeast Community Lending Corporation does not sell or share any personal information with commercial companies for the purpose of marketing their products to you.**

### *What Information We Collect*

Personal information means information that identifies an individual and is not otherwise publicly available. This includes personal financial information, such as credit history, income, employment history, financial assets, bank account information, financial debts, Social Security number, and other information you provide on a Personal Profile or Intake application.

We collect personal information in order to provide financial fitness counseling, counseling to prepare you for applying for a home mortgage from a conventional lender, counseling to prevent foreclosure, and our own lending for down payment, closing costs, home rehab, or other purposes related to home purchase or foreclosure prevention.

### *Restrictions on Disclosure of Personal Information*

In general, RuralEdge and the NeighborWorks® HomeOwnership Center disclose personal information only when necessary to provide services to you, or when allowed by law.

We may disclose the following types of personal information about you:

- ❖ Information we receive from you on applications for a loan or other product or service, such as name, address, telephone number, Social Security number, assets and income;
- ❖ Information about your transactions with us, such as your loan balance, payment history and parties to your transactions; and
- ❖ Information we receive from third parties such as credit bureaus, including information about your credit worthiness and your credit history.

We may disclose your personal information to the following types of unaffiliated third parties:

- ❖ Financial service providers, such as companies engaged in providing home mortgages, reverse mortgages, or home equity loans;
- ❖ Other service providers with whom we may coordinate efforts in order to make efficient use of resources, such as NETO (weatherization), PATH (emergency assistance), NEKCA, VHCB (lead abatement), Vermont Center for Independent Living, or other nonprofit community resources.
- ❖ Other third parties when the information is provided to help complete a transaction initiated by you, such as reporting a payoff on a loan, or to otherwise administer our business, and other third parties who are involved in program review, auditing, research, or oversight purposes.

## PRIVACY POLICY AND PRACTICES

*(Continued)*

We may disclose personal information about you to third parties as permitted by law, such as auditors in connection with a financial audit of our offices, to Government entities, in response to a subpoena, and to credit bureaus.

In material intended for public distribution, such as newspaper articles, RuralEdge publications, press releases, or reports to funding sources, it is sometimes useful to illustrate our services by highlighting our work with a family or individual. In those cases, we will specifically seek your permission to use any personal information.

### ***Medical Information***

We will not use or share personally identifiable medical information about you for any purpose other than that which is authorized by you.

### ***Protecting the Confidentiality of Your Personal Information***

All RuralEdge employees are required to use strict standards of care regarding the confidentiality of your personal information as outlined in Personnel Policies. Employees not adhering to our policies are subject to disciplinary action. We maintain physical and electronic security procedures to safeguard the confidentiality and integrity of personal information in our possession and to guard against unauthorized access. Our safeguards comply with Federal regulations to guard your personal information.

### ***If You Want More Information***

If you have any questions regarding our Privacy Policy, please contact the Director of NeighborWorks® HomeOwnership Center at (802) 535-3555 or toll free at (800) 234-0560 or you can write us at NeighborWorks® HomeOwnership Center, 1222 Main Street, St. Johnsbury, VT 05819.

# HOMEBUYERS WORKSHOP

## 2023 Schedule

| January                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | February | March | April |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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View Community Room<br/>8:15 AM - 4:30 PM</p>                                                                                | Su | Mo | Tu | We | Th | Fr | Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |    |    |    | 1  | 2  | 3  | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 |    |    |    | <table border="1"> <tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> <tr><td></td><td></td><td></td><td></td><td>1</td><td>2</td><td>3</td></tr> <tr><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td></tr> <tr><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td><td>31</td></tr> </table> <p>Barton-RuralEdge Pierce Block Community Room<br/>8:15 AM - 4:30 PM</p> | Su | Mo | Tu | We | Th | Fr | Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |    |    |    |    | 1  | 2  | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | <table border="1"> <tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>St. Johnsbury-RuralEdge Mt. View Community Room<br/>8:15 AM - 4:30 PM</p> | Su | Mo | Tu | We | Th | Fr | Sa |    |    |    |    |    |    | 1                                                                                            | 2  | 3 | 4 | 5 | 6 | 7 | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |
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| 22                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 23       | 24    | 25    | 26 | 27 | 28 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 19       | 20    | 21    | 22 | 23 | 24 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 26       | 27    | 28    |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mo       | Tu    | We    | Th | Fr | Sa |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5        | 6     | 7     | 8  | 9  | 10 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 12       | 13    | 14    | 15 | 16 | 17 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 19       | 20    | 21    | 22 | 23 | 24 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 26       | 27    | 28    | 29 | 30 | 31 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mo       | Tu    | We    | Th | Fr | Sa |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |       |       |    |    | 1  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3        | 4     | 5     | 6  | 7  | 8  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10       | 11    | 12    | 13 | 14 | 15 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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View Community Room<br/>8:15 AM - 4:30 PM</p> | Su | Mo | Tu | We | Th | Fr | Sa |   |   |   |   |   |   | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 24 | 25 | 26 | 27 | 28 | 29 | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 31 |    |    |    |    |    | <table border="1"> <tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Barton-RuralEdge Pierce Block Community Room<br/>8:15 AM - 4:30 PM</p> | Su | Mo | Tu | We | Th | Fr | Sa |    |    |    |    |    |    | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30                                                                                           | 31 |   |   |   |   |   | <table border="1"> <tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td>31</td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>St. Johnsbury-RuralEdge Mt. View Community Room<br/>8:15 AM - 4:30 PM</p> | Su | Mo | Tu | We | Th | Fr | Sa |    |    |    |    |    |    | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |  |  |  |  |  |
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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31       |       |       |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mo       | Tu    | We    | Th | Fr | Sa |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3        | 4     | 5     | 6  | 7  | 8  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10       | 11    | 12    | 13 | 14 | 15 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17       | 18    | 19    | 20 | 21 | 22 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 24       | 25    | 26    | 27 | 28 | 29 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31       |       |       |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mo       | Tu    | We    | Th | Fr | Sa |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3        | 4     | 5     | 6  | 7  | 8  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10       | 11    | 12    | 13 | 14 | 15 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17       | 18    | 19    | 20 | 21 | 22 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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View Community Room<br/>8:15 AM - 4:30 PM</p> | Su | Mo | Tu | We | Th | Fr | Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |    |    |    |    |    |    | 1  | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 31 |    |    |    |    |    | <table border="1"> <tr><th>Su</th><th>Mo</th><th>Tu</th><th>We</th><th>Th</th><th>Fr</th><th>Sa</th></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td>1</td></tr> <tr><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td></tr> <tr><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td></tr> <tr><td>30</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>St. Johnsbury-RuralEdge Mt. View Community Room<br/>8:15 AM - 4:30 PM</p> | Su | Mo | Tu | We | Th | Fr | Sa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |    |    |    |    |    | 1  | 2  | 3  | 4  | 5  | 6  | 7  | 8  | 9  | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 24 | 25 | 26 | 27 | 28 | 29 | 30 |    |    |    |    |    |    | <p>Saturday Workshops are from 8:30am to 4:30pm.</p> <p>The registration fee is \$85.00.</p> |    |   |   |   |   |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |  |  |  |  |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |       |       |    | 1  | 2  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4        | 5     | 6     | 7  | 8  | 9  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 11       | 12    | 13    | 14 | 15 | 16 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 17                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 18       | 19    | 20    | 21 | 22 | 23 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 25       | 26    | 27    | 28 | 29 | 30 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| Su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Mo       | Tu    | We    | Th | Fr | Sa |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |          |       |       |    |    | 1  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3        | 4     | 5     | 6  | 7  | 8  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10       | 11    | 12    | 13 | 14 | 15 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17       | 18    | 19    | 20 | 21 | 22 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 24       | 25    | 26    | 27 | 28 | 29 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 31       |       |       |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 3        | 4     | 5     | 6  | 7  | 8  |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10       | 11    | 12    | 13 | 14 | 15 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17       | 18    | 19    | 20 | 21 | 22 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 23                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 24       | 25    | 26    | 27 | 28 | 29 |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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| 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |       |       |    |    |    |    |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |                                                                                                         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Homebuyer's Education Workshop



**St. Johnsbury** Workshop held at the RuralEdge Mt. View Community Room located at 105 Mt. View Drive, St. Johnsbury, VT 05819

**Barton** Workshop held at the RuralEdge Pierce Block Community Room located at 16 Church Street, Barton, VT 05822

Please call 802-473-3919 or email [homeownership@ruraledge.org](mailto:homeownership@ruraledge.org) to register for the class as there is limited space