

Certified Housing Asset Manager

PROFESSIONAL DESIGNATION ENROLLMENT FORM

Please complete this form and return it with the \$50 enrollment fee to CHAM™ at the address below. Please complete all blanks (use N/A if a section does not apply) and print clearly. Applications are not complete without the application fee. CHAM™ candidates are required to have a four-year college degree and at least five years of experience in affordable housing, housing management, and/or underwriting housing financial deals; or seven years of work experience with at least five of those years in affordable housing, housing management, and/or underwriting housing financial deals.

Name: Ms. Mr. _____

Position Title: _____

Organization: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

Office Fax: _____

Office E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home Fax: _____

Personal E-mail: _____

Where would you like to be contacted? Office Home

Why do you seek enrollment? Professional development General interest

Required by supervisor Increase organizational credibility

Required by funding source Increase skills for a specific project/program

What is the highest level of education you have completed?

Bachelor's Degree Master's Degree Doctoral Degree

Please list any degrees or professional certificates you have earned:

Which sector do you represent? Public Private Nonprofit

Which courses, if any, have you previously taken toward the CHAM™ designation?

Course: _____ Date: _____ Where: _____

Course: _____ Date: _____ Where: _____

Course: _____ Date: _____ Where: _____

Course: _____ Date: _____ Where: _____

PAYMENT INFORMATION

Professional Designation forms will not be processed without the \$50 enrollment fee.

Check enclosed (payable to Neighborhood Reinvestment Corporation).

Check # _____

Purchase Order Enclosed. Purchase Order number _____

Charge my Credit Card: Visa Mastercard American Express

Card Number _____ Exp. Date _____

Name as it appears on the card _____

Authorized signature _____

Please return this form and the \$50 enrollment fee to CHAM™ c/o Neighborhood Reinvestment Corporation – Training Division, 1325 G Street NW, Suite 800, Washington, D.C. 20005, (800) 438-5547; (202) 220-2454 Fax (202) 376-2168.