



EXPRESSION OF INTEREST FORM

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PERSONAL INFORMATION

Full Name:			
(Title)	(Last Name)	(First Name)	(Middle Name)
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
No of Dependents: <input type="text"/>	<input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Email:	Phone Number(s): _____		
Preferred mode of contact:	_____		

CURRENT ADDRESS INFORMATION

Address:	
LGA/ City:	State:
Ownership Type: <input type="checkbox"/> Rent <input type="checkbox"/> Owner <input type="checkbox"/> Live with Family/ Friends	No. of Years at Residence:

EMPLOYMENT INFORMATION

Occupation:	Employment Start Date:	
Name of Employer:		
Employer's Address:		
LGA/ City:	State:	
Employment Sector: <input type="checkbox"/> Private <input type="checkbox"/> Public-Private Partnership <input type="checkbox"/> Others	Employment Status: <input type="checkbox"/> Full Time <input type="checkbox"/> Self-Employed <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract	Monthly income amount: R <input type="text"/> Do you owe any loans? <input type="checkbox"/> Yes <input type="checkbox"/> No
Desired Building Type: <input type="checkbox"/> 1-Bedroom <input type="checkbox"/> 2-Bedroom <input type="checkbox"/> 3-Bedroom	Desired Location:	

Signature

Date