

Fair Housing Intake

Personal Information

First Name: _____ Last Name: _____

Gender: _____ Race: _____ Ethnicity: _____

Marital Status: _____ Number of adults living in your home: _____

Number of children: _____

Mailing Address:

City: _____ State: _____ Zip: _____ County:

How long have you lived at this address? _____

Number of bedrooms: _____

Property name (if applicable): _____ Property type: Condo

Single-family home Multi-family home Townhouse Duplex Apartment Coop

Mobile/Manufactured home Other: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

What is your preferred contact method? (You may mark both options)

Phone Please provide a time that is best to contact you: _____

Email

PLEASE TELL US ABOUT YOUR ISSUE

Based on which protected class do you feel that you have been discriminated against: (mark all that apply)

Race Color Religion Sex Familial Status National Origin Disability Other

Please specify: _____

Date of first incident: _____ Date of most recent incident: _____

Fair Housing Intake

Please describe the incident(s) (PLEASE LIMIT YOUR DESCRIPTION TO THE SPACE PROVIDED):

Address where the discriminatory act took place? Same as mailing address (skip to next section)

Mailing Address:

City: _____ State: _____ Zip: _____

County: _____

Property name (if applicable): _____

What is the name and contact information of the manager, onsite landlord, or owner for the property?

Name: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Fair Housing Intake

County: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Website: _____

Is there a property management company for this property? If so, what is the name of the company and contact information of the company?

Name of Property Management Company:

Mailing Address:

City: _____ State: _____ Zip: _____

County: _____

Primary Phone: _____

Alternate Phone: _____

Email: _____

Website: _____

BACKGROUND INFORMATION:

Have you already filed a Fair Housing Complaint with our office? Yes No

If yes, do you have an open case? Yes No

Have you sought assistance at another agency or organization? Yes No

Do you still reside in the premises? Yes No

Have you received any court papers filed by your landlord? (court date?) Yes No

LEASE: When did you move into your apartment or house? _____

Lease start date: _____

Do you have a written or oral lease? Written Oral

If written, did you receive a copy of your lease? Yes No

Do you have a copy with you? Yes No

What is the term of the lease? Yearly Monthly