

**REGIONAL HUMAN RIGHTS/FAIR HOUSING COMMISSION - INTAKE SHEET****ID #***This organization is a HUD certified Housing Counseling**WALK-IN: Check box if you read and understand this statement* *Agency and all client files are subject to review by HUD.**STAFF: Check box if you read statement to caller* 

Name:

Date:

 /  / 

Phone (h):

Phone (w):

Phone (c):

Address in Question:

City

State

Zip

Current Address:

*(if different from above)*

City

State

Zip

**PROPERTY TYPE**

- Apartment Complex  
 House  
 Duplex  
 Mobile Home

**YOU ARE A**

- Tenant  
 Landlord  
 Homeowner

**HOUSING CLASSIFICATION (if applies)**

- Conventional Housing (SHRA)  
 Section 8 / Housing Choice Voucher  
 Tax Credit Property

Name of Apartment Complex:

Management Co:

Manager:

Phone:

Owner Name:

Address:

Phone:

**SEX**

- Male  
 Female

**AGE**

- < 17  
 18 +  
 65 +

**CHECK THOSE THAT APPLY**

- Female Head of Household  
 Disabled Member of Household  
 Senior Head of Household

**HOW DID YOU HEAR ABOUT US?**

- Public Service Announcement (PSA)  
 Website or Online  
 Commission Presentation  
 Referral or Other

**Ethnic and Racial Categories as Defined by the U.S. Department of Housing and Urban Development****CHECK ONE**

- Hispanic  
 Non Hispanic  
 Did Not  
 Disclose

- American Indian/Alaskan Native  
 Asian  
 Black/African American  
 Native Hawaiian/Other Pacific Islander  
 White  
 Choose Not to Respond

**CHECK ONE**

- American Indian/Alaskan Native  
 and White  
 Asian and White  
 American Indian/Alaskan Native  
 and Black/African American  
 Black/African American and White  
 Other Multiple Race

How many people in household? What is your GROSS income? \$ x 12 = \$ 

Monthly x 12 = Annual