

HOUSING INTAKE DATA FORM

Date Signed by Complainant: _____

Move in Date: _____

Month to Month or Yearly Lease: _____

DATE: _____ BASIS: _____

COMPLAINANT: _____

P. O. BOX (IF ANY) _____

PRESENT ADDRESS: _____ ZIP CODE: _____

PHONE: HOME () _____ DATE OF BIRTH: _____

WORK () _____ SSN: _____

RESPONDENT: _____

RESPONDENT'S ADDRESS: _____ ZIP CODE: _____

1. Respondent individual: _____

Address: _____ ZIP CODE: _____

Phone: _____

2. Respondent individual: _____

Address: _____ ZIP CODE: _____

Phone: _____

Is the Respondent individual: Builder ___ Owner ___ Supt/Manager ___

Banker/Lender ___ Real Estate Agent ___ Other ___

Is the structure: Single Family ___ 2-4 Families ___ more than 4 ___

Does the landlord live there? ___ If so, are there more than 4 apartments/units? ___

Was the property being: Sold ___ Rented ___ Improved ___

Is the property handicapped accessible (disability only)? _____

What are the ages of the Complainant's children (familial status only)

Address of the property involved: _____

Does the complex or property receive local, state or federal funding?

Is the property covered under Section 8? ___ Yes ___ No

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CONTACT PERSON (S):

1. **NAME** _____
ADDRESS: _____ **APT NO.** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____
PHONE NO. () _____

2. **NAME** _____
ADDRESS: _____ **APT NO.** _____
CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____
PHONE NO. () _____

INCIDENT(S) WHICH COMPLAINANT FEELS ARE DISCRIMINATORY: _____

IMPORTANT NOTATIONS: _____

