

# FAIR HOUSING OPPORTUNITIES OF NORTHWEST OHIO, INC.

## Fair Housing Center Intake Form

Date \_\_\_\_\_ Type of Complaint \_\_\_\_\_ | **RE** Interviewer \_\_\_\_\_

Source of Referral \_\_\_\_\_ Case Number \_\_\_\_\_

<b>COMPLAINANT</b>	Name _____ Sex _____ Race _____ Hispanic _____ Marital Status _____ D.O.B _____	
	Address _____ City _____ Z.C. _____ CT _____	
	Phone _____	Alt. Phone _____ Disabled Y/N _____ Type? _____
	SSN# _____	E-mail _____ Time at current address _____
	Present Rent/Mort _____	HOH (Male/Female) _____ # in Family _____
	Relative/Friend _____	Relationship _____ Phone _____

<b>INCOME</b>	<b>EMPLOYMENT (COMPLAINANT)</b>	<b>EMPLOYMENT (SPOUSE/FRIEND)</b>	<b>OTHER INCOME:</b>
	Company _____	Company _____	Source _____
	Monthly Gross _____	Monthly Gross _____	Monthly Amt _____
	Position _____	Position _____	Source _____
	Length _____	Length _____	Monthly Amt _____

<b>OTHER ADULTS/DEPENDENTS</b>	Name _____ Relationship _____	
	SSN# _____	Sex _____ Race _____ Hispanic _____ Marital Status _____ D.O.B _____
	Phone _____	Alt. Phone _____ Disabled Y/N _____ Type? _____
	Email _____	

**DEPENDENTS WHO WILL BE LIVING WITH THE COMPLAINANT:**

Name _____	DI _____	D.O.B _____	Sex _____	Race _____	Relationship _____
Name _____	DI _____	D.O.B _____	Sex _____	Race _____	Relationship _____
Name _____	DI _____	D.O.B _____	Sex _____	Race _____	Relationship _____
Name _____	DI _____	D.O.B _____	Sex _____	Race _____	Relationship _____
Name _____	DI _____	D.O.B _____	Sex _____	Race _____	Relationship _____

<b>RENTAL INFO</b>	Complex Name _____	Address _____
	City _____ ST _____	Zip _____ Phone _____
	Manager's Name _____	Address _____
	City _____ ST _____	Zip _____ Phone _____
	Date applied for the unit _____	Deposit required? _____ Amount ? _____
	Type of dwelling (House, Apt bldg with 1-4 units, Apt bldg with 4-8 units, Apt bldg 8+ units): _____	
	Monthly rental amount \$ _____	Number of bedrooms: _____
	Did you sign a lease ? _____	If so, on what date _____ Do you have a current lease? _____

Date of occurrence: \_\_\_\_\_

Details:

Assigned to \_\_\_\_\_

Harm Date \_\_\_\_\_