

Please complete this form to the best of your ability. If you are unsure about how to answer a question leave the information blank and a FHCS representative will be in touch to assist you.  
All information provided will remain confidential.

### **Client Information:**

Name:

Mailing Address:

Phone Numbers: (H)\_\_\_\_\_ (C)\_\_\_\_\_ (W)\_\_\_\_\_

Email Address:

How did you hear about our agency?

Number of people living in the home?

Number of people with a disability living in the home?

What is the race of each person living in the home?

Number of people living in the home who identify as Hispanic?

What is the age of each person living in the home?

What is your estimated monthly household income?

How much do you pay in rent each month?

Do you live in public or subsidized housing?

Do you use a voucher to pay your rent?

What type of property do you live in?

- Single Family Home
- Duplex/Twinplex
- Apartment Complex: please estimate how many apartments are in the complex:\_\_\_\_\_
- Mobile Home
- Condominium
- Other: please specify:\_\_\_\_\_

Please identify the type of housing transaction that you are concerned about. Check all that apply.

- Rental
- Sale
- Advertisement
- Lending/Insurance
- Other: please specify:\_\_\_\_\_

### **Landlord/Management/Property Information:**

FHCS will not contact a housing provider without receiving your consent.

What is the name of the housing provider or person that you spoke with?

Does the housing provider work for a management company? If yes, what is the name of that company?

Mailing address of the housing provider?

Phone Number(s):\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

### **Discrimination Information:**

On what basis do you feel you have been discriminated against? Check all that apply.

- |                 |               |                            |
|-----------------|---------------|----------------------------|
| Race/Color      | Sex           |                            |
| National Origin | Family Status | Other: please specify_____ |
| Religion        | Disability    |                            |

When was the last date you believe you were discriminated against? (mm/dd/yy) \_\_\_\_\_

Please provide a brief summary including any possible dates/times of how you have been discriminated against: