

**HOUSING** INTAKE QUESTIONNAIRE

1. Complainant(s) Contact Information:

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| Name: |  |  |  |  |  |
| Filing on behalf of: | | | | | |
| Address: | | | | | |
| Address (Suite, Apt. etc.) | | | | | |
| City/State/Zip Code: | | | | | |
| Email Address: | | | | | |
| Telephone No: | | | | | |
| Cell Phone No.: | | | | | |
| Date of Birth: | | | | | |
| Sex: |  | Race: |  | Are you Hispanic? | * Yes ☐ No |
| What is your National Origin? | |  |  |  |  |

1. Respondent(s) Contact Information: (person, landlord, owner, housing provider, or other entity against whom you are filing this complaint)

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| Name: |
| Address: |
| Address (Suite, Apt. etc.) |
| City/State/Zip Code: |
| Telephone No: |

1. Protected Class(es): (check all reasons you have been discriminated against and specify the class, e.g., race, African American; sex, female):

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| * Race: * Color: * Sex/Orientation: * Age: * Disability: * Use of Guide or Support Animal: | Ancestry:  Religious Creed: National Origin: Familial Status:  Other (specify) |

1. The **zipcode** where you were harmed:

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1. I began renting the subject property from Respondent on:
2. I applied to rent the subject property from Respondent on:
3. Dates of Discrimination: Beginning: Ending: Continuing? ☐ Yes ☐ No
4. Describe the discriminatory conduct, with specificity, and explain why you feel that you were discriminated against because of your protected class: (e.g., failure to rent, termination of lease, denial of disability accommodation, different terms, and conditions of housing)

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 I am/have dual-filing with the U.S. Department of Housing and Urban Development (HUD).

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VERIFICATION

I hereby verify that the statements above are true and correct to the best of my knowledge, information, and belief.

Signature Date

Printed Name

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