

## NEED HOUSING HELP?





Take a few minutes and let us know how we can help!

Date: HAKA Referral Form		
Full Name:	ST.	
Zip Code: Date of Birth: Last 4 of SSN:	:	-
Contact Phone #: Email:		
# of Adults: # of Children: Ages of Children:		
Have you ever served in the armed forces? Yes	No	
What is your housing need?		

## Referral Contact Information

Agency Name:	
--------------	--

Agency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_\_

## Complete and Return to HRI:

Fax: 269.382.6173 or scan and email to: referral@housingresourcesinc.org



## For Office Use Only:

Date Received:	Staff Initials:
Date Client Contacted	Staff Initials: