

NEED HOUSING HELP?



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

Date: _____

HARA Referral Form

Full Name: _____

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: _____

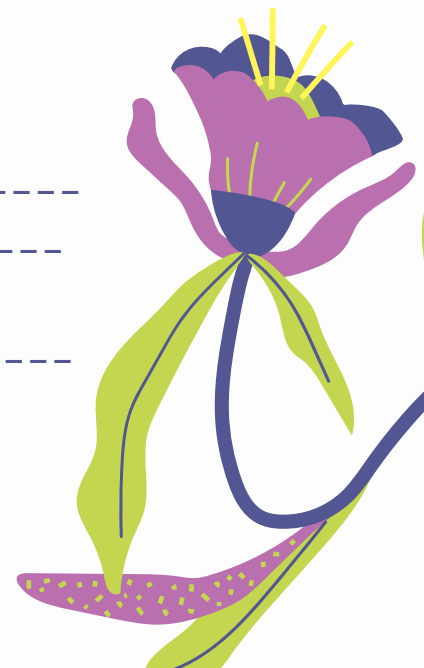
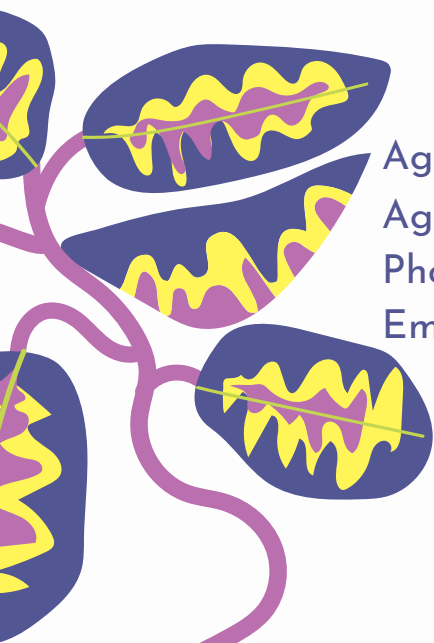
Agency Contact: _____

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: _____