HOUSING RESOURCES INC

United Way of the Battle Creek and Kalamazoo Region
changethestory.org

HRI HARA Referral Form

Date of request:

Head of Household (HoH):

HoH First Name: HoH Last Name:

HoH Phone Number: HoH Date of Birth:

HoH Social Security Number (SSN):

HoH Email (If available):

County of residence:

Household Composition:

Number of members in Household:

Ages of all members in Household:

Relationship of each member to the HoH:

Agency Referral Information:

Referring Agency:

Agency Point of Contact Phone Number:

Please briefly describe the emergency housing needs for this family:

Are there any immediate deadlines we should be aware of (i.e. eviction, shut off, etc.)?

Total amount for all expenses being requested:

If asking to eliminate rental arrears, how many months behind?

Complete and return to HRI fax number: 269-382-6173
or scan and email to referral@housingresourcesinc.org