



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):	
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