

FIRM**LANDLORD ONLY**

HOUSING INTAKE APPLICATION

Address: 1940 N. Fresno Street, Fresno, CA 93703 Phone: 559-487-1500 Email: intake@firminc.org
Hours of Operation: Monday-Friday | 8:30AM-5:00PM**FIRM USE ONLY**

Client ID

Primary Counseling Reason

 Rental Homeownership Financial Coaching Loss Mitigation Landlord

Case Number

Assigned Counselor

Intake Date

Applicant Information

First Name	Middle Name	Last Name
------------	-------------	-----------

Address	Apt/Unit #	City, State	Zip code
---------	------------	-------------	----------

Phone Number	Cell Phone Number	Email Address
--------------	-------------------	---------------

What is your preferred language?	How did you hear about us? (Check all that apply)
	<input type="checkbox"/> Family/Friend <input type="checkbox"/> FIRM Staff <input type="checkbox"/> Radio/Media <input type="checkbox"/> Walk/Phone In <input type="checkbox"/> Other:

Needs Statement

Please describe why you are referring your tenant:

Tenant Referral

I understand that FIRM will contact the tenant listed below with reference to me. I acknowledge that the program is voluntary and the tenant is not obligated to participate.

Client Name	Signature	Date
-------------	-----------	------

Rental Property Address	Name of Tenant	Phone Number
-------------------------	----------------	--------------

What language does your tenant speak?	Is this a Section 8 or Public Housing client?
---------------------------------------	---

What is the nature of your concern?

Late Rent Potential Eviction Breach of Contract Language Barrier Other: _____