



Rental Housing Intake Form

NCR USE ONLY
Name of Counselor:
ECM File Number:
Intake Date:
Counseling Type (Check One):
In Person
Telephone
Other
LEP
Census Tract:
Chicago Ward:

Name:

Address:

City/State/Zip:

Primary Phone:

Email Address:

PLEASE PROVIDE THE FOLLOWING STATISTICAL INFORMATION.
We want to know that we are reaching out to our entire community. This information is required for Government Reporting.
This information IS NOT shared.

Date of Birth
Self Identity/ Gender:
Marital Status:
Race: (Check All That Apply)
African American/Black Asian Caucasian/White
Latino Middle Eastern Native American Other
What languages are spoken in your home?
Highest level of education completed:
Household Income estimate: \$
Monthly Rent Amount: \$
Persons in Household:
Housing Status: Rent Own Homeless Shelter How did you hear about NCR?

Identify Specific Need/Case Notes:

NCR Staff Only: Type of Assistance Requested:

Technical Support for: Landlord Tenant
Affordable Housing Search Homelessness Prevention Landlord Ownership Education/Training Conflict Resolution
Renter Affected by Foreclosure (Rental Housing) (Condominium) Other
Services Provided:
Direct Referral:
Direct Support Services:
Home Visit Other