

Maine Human Rights Commission  
51 State House Station  
Augusta, ME 04333-0051  
Phone: (207) 624-6290  
Fax: (207) 624-8729  
Toll-free TDD: 1-888-577-6690

Charge Framer: \_\_\_\_\_  
Not Docketable: \_\_\_\_\_  
Date: \_\_\_\_\_

### HOUSING INTAKE QUESTIONNAIRE

Name (Please print) : \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing address: \_\_\_\_\_

County: \_\_\_\_\_

(City/Town) (State) (Zip Code)

List all other members of your household:

1. Name: \_\_\_\_\_ Minor child? Yes \_\_\_ No \_\_\_
2. Name: \_\_\_\_\_ Minor child? Yes \_\_\_ No \_\_\_
3. Name: \_\_\_\_\_ Minor child? Yes \_\_\_ No \_\_\_
4. Name: \_\_\_\_\_ Minor child? Yes \_\_\_ No \_\_\_
5. Name: \_\_\_\_\_ Minor child? Yes \_\_\_ No \_\_\_
6. Name: \_\_\_\_\_ Minor child? Yes \_\_\_ No \_\_\_

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Name of a relative, friend or neighbor who would know how to reach you:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
(City/Town) (State) (Zip Code)

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I believe I have been discriminated against in housing based on: (Check all that apply)

- Race  Color  Religion  National origin/ancestry  Sex  Sexual orientation  
 Minor children. I am the  parent;  legal guardian; I have written permission of the parent or legal guardian;  I am in the process of obtaining legal custody  
 Receipt of public assistance (indicate type) \_\_\_\_\_  
 Physical disability (indicate type) \_\_\_\_\_  
 Mental disability (indicate type) \_\_\_\_\_

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The property involved is located at:

Street address: \_\_\_\_\_

City/town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Rental amount: \_\_\_\_\_ Security deposit: \_\_\_\_\_ Utilities included?  Yes  No

Name of apartment complex: \_\_\_\_\_

Type of housing involved:  Apartment (If so, how many units in building? \_\_\_\_\_)

Single family dwelling  Mobile home park  Owner-occupied

Number of bedrooms: \_\_\_\_\_ Number of rooms other than bedrooms: \_\_\_\_\_

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How did you find out that the Maine Human Rights Commission handles housing discrimination complaints? \_\_\_\_\_

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The people/companies that discriminated is/are:

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
County: \_\_\_\_\_

(City/Town) (State) (Zip Code)

Owner  Manager  Neighbor  Broker  Other: \_\_\_\_\_

2. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
County: \_\_\_\_\_

(City/Town) (State) (Zip Code)

Owner  Manager  Neighbor  Broker  Other: \_\_\_\_\_

3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Mailing address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
County: \_\_\_\_\_

(City/Town) (State) (Zip Code)

Owner  Manager  Neighbor  Broker  Other: \_\_\_\_\_

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Earliest date of discrimination \_\_\_\_\_ Latest date of discrimination \_\_\_\_\_

Ongoing?  Yes  No

Type of discrimination involved: (Check all that apply)

Notice to Vacate  Eviction  Refusal to rent  Harassment

Discriminatory advertisement or statements

Discriminatory terms and condition of  Application /  Occupancy

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Do you wish to obtain or retain the unit?  Yes  No Your monthly income: \_\_\_\_\_

Do you have the money for rent and the security deposit?  Yes  No

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Provide a detailed account of your discrimination complaint on the back of this form or on a separate piece of paper.