

FAIR HOUSING ASSISTANCE AND REFERRAL

Name: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Alternate Contact: _____ Phone: _____

If you are in one of the protected classes, following, you may have reason for a possible discrimination complaint. Please CHECK the protected class that you believe was the source of the discrimination. You may use more than one.

- | | |
|--|--------------------------------|
| _____ Race | _____ People with Disabilities |
| _____ Color | _____ Type of Ancestry |
| _____ Place of National Origin | _____ Sexual Orientation |
| _____ Gender | _____ Gender Identification |
| _____ Religion | _____ Spousal Affiliation |
| _____ Familial Status (including pregnant women) | |

1. What is the Fair Housing (FH) problem? (Check off as appropriate)

- a. Purchase of a Dwelling _____
- b. Rental of a Dwelling _____
- c. Purchase of Property _____
- d. Rental of Property _____
- e. Irregularities in Lending Practices _____
- f. Refusal of an Assistance Animal _____
- g. Retaliation when Exercising FH Rights _____
- h. Reasonable Accommodation – medically necessary change(s) in apartment complex rules and policies _____
- i. Reasonable modification – physical change to an apartment or new dwelling _____
- j. Advertising – paper, media, verbal _____
- k. Other (state): _____

2. Describe briefly: _____

3. Location of Occurrence: _____

Signature **Date**

City Drop-off Location:
Las Cruces City Hall
Community Development Dept.
Attn: Natalie Green
700 N. Main St.

Mailing Address:
City of Las Cruces
Community Development Dept.
P.O. Box 20000
Las Cruces, NM 88004

Staff Use Only

- Disposition:**
- a. Referred to (list choices): _____
 - b. Completed Case (how): _____
 - c. After discussion, no issue: _____