BNI Tenant-Landlord Counseling Program
Outreach Information Sheet

Date: _____

Name of Contact Person: _____

Telephone Number: _____

- Secondary Contact: _____
- Telephone Number: _____

Name of Organization: _____

Tenants Group: ☐ Yes ☐ No ☐ N/A

Landlords Group: ☐ Yes ☐ No ☐ N/A

Other: ☐ Yes Explain _____ (type of organization)

Date(s) Requested:

1st choice: _____
2nd choice: _____
3rd choice: _____

Time Requested:

1st choice: _____
2nd choice: _____
3rd choice: _____

Notes:_____
_____
_____
_____
_____
_____

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For Administrative Purposes Only:

Approved Outreach: ☐ Yes ☐ No

Fee Charged: ☐ Yes, Amt. _____ ☐ No