

## HOUSING TECHNICAL ASSISTANCE REQUEST FORM

When requesting technical assistance for housing related issues, provide the following information and return form to:

**Heber Nelson, Manager**  
**Community Housing Section**  
**Seniors & People with Disabilities**  
**500 Summer St. NE, E-10**  
**Salem, OR 97301**

**Fax # (503) 947-4245**  
**Email heber.nelson@state.or.us**

**CLIENT INFORMATION:**

**DATE REQUESTED** \_\_\_\_\_

Name \_\_\_\_\_

Age \_\_\_\_\_

Site Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Personal Agent or Case Manager: \_\_\_\_\_

Phone # \_\_\_\_\_

Person making request: \_\_\_\_\_

Phone # \_\_\_\_\_

**Description of individual and his/her need as pertains to this request:**

**Steps that have been taken so far:**

**Contingencies affecting project, i.e. budget, timelines, etc.:**