

HOUSING INTAKE QUESTIONNAIRE

DATE OF INTAKE _____ EOS _____

Please answer the following questions, telling us why you believe that you have been discriminated against in housing.

PLEASE PRINT

Name _____
First Name Middle Initial Last Name

Address _____

City _____ State _____ Zip Code _____

Home Phone Number (____) _____ Work Phone Number (____) _____

Cell Phone Number (____) _____ Date of Birth _____

E-mail address _____

Race (Select *one* or *more*)

- American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Ethnicity (Select *only one*)

- Hispanic or Latino Not Hispanic or Latino

AGAINST WHOM IS THIS COMPLAINT BEING FILED?

Name _____ Telephone No. (____) _____

Address _____
Street Name & Number City State Zip Code

Check the applicable box that describes the party named above:

- Builder Owner Broker Salesperson
 Superintendent/Manager Bank or Other Lender Other

If you have named an individual above and that individual appeared to be acting on behalf of a company, please complete the following information:

Company Name _____

Address of Company _____

City _____ State _____ Zip Code _____

Telephone Number (____) _____

Please utilize the space below to indicate identifying information on any additional entities or individuals related to the individual or company you named above and whom you think should be named in this complaint. (Please indicate the address of the property involved in your complaint).

When did the act(s) occur? (Include the most recent date if several dates are involved)

What did the person you are complaining against do? (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Refuse to rent, sell or deal with you | <input type="checkbox"/> Falsely deny housing was available | <input type="checkbox"/> Engage in blockbusting |
| <input type="checkbox"/> Advertise in a discriminatory way | <input type="checkbox"/> Discriminate in financing | <input type="checkbox"/> Discriminate in broker's services |
| <input type="checkbox"/> Discriminate in the conditions, terms of sale, rental occupancy or in services or facilities | | |
| <input type="checkbox"/> Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law | | |
| <input type="checkbox"/> Other _____ | | |

Do you believe that the action taken against you was because of: (Check all that apply and specify)

- | | | |
|---|--|---|
| <input type="checkbox"/> Race or Color | <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Physical |
| <input type="checkbox"/> White | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Mental |
| <input type="checkbox"/> Other (specify) | <input type="checkbox"/> American Indian | |
| <input type="checkbox"/> Familial Status (Children under 18 or pregnant female) | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual Orientation (Gender Identity) |
| <input type="checkbox"/> Religion (specify) | <input type="checkbox"/> Male | |
| | <input type="checkbox"/> Female | |
| | <input type="checkbox"/> Retaliation | |

What kind of house or property was involved?

- | | |
|--|--|
| <input type="checkbox"/> Single family house | <input type="checkbox"/> A house or building for 2, 3 or 4 families |
| <input type="checkbox"/> A building for 5 or more families | <input type="checkbox"/> Other, including vacant land held for residential use _____ |

Did the owner live there?

- Yes
 No
 Unknown

Is the house or property...

- Being sold?
 Being rented?

Please summarize in your own words what happened that you believe to be discriminatory.

Who took that action? _____

What was the reason given? _____

Please list the **names, addresses and telephone numbers** for any individual whom you believe would be able to provide information about the situation that you are complaining:

Name	Address (include city, state, zip code)	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the name of an individual in the local area, who does **NOT** live with you, who would know how to reach you at any time. This person must have a telephone number and a street address.

Name _____ Relationship _____
Address _____
City _____ State _____ Zip Code _____
Telephone Number (____) _____

I affirm that the information contained in my response to this Intake Questionnaire is true and correct to the best of my knowledge and belief.

Signature

Date

WITNESSED BY THIS HUMAN RIGHTS REPRESENTATIVE:

Signature

Date

Title