

# HOUSING INTAKE QUESTIONNAIRE

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

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## 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                        | <input type="checkbox"/> Sex                       | <input type="checkbox"/> Sexual Orientation (Gender Identity) |
| <input type="checkbox"/> (Children under 18 or pregnant female) | <input type="checkbox"/> Male                      |   |
|   | <input type="checkbox"/> Female                    |   |
| <input type="checkbox"/> Religion (specify)                     | <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.**

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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 \_\_\_\_\_

*By clicking SUBMIT, 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.*

\_\_\_\_\_  
Date