



FAIR HOUSING COUNCIL OF CENTRAL CALIFORNIA

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FHCCC HDIQ (Rev. 07-2005)

HOUSING DISCRIMINATION INTAKE QUESTIONNAIRE

The Information requested on this form will help us help you. There is no guarantee that the information submitted would constitute a basis for filing a formal complaint. Please check or answer only those questions that apply.

PLEASE PRINT

DATE: _____

1. PROSPECTIVE CLIENT

(First) (Middle) (Last)			DATE OF BIRTH	AGE
NAME				
(Number and Street)		(Apt. #)	(City)	(County) (ZIP Code)
ADDRESS				
LENGTH OF TIME AT THIS ADDRESS: _____ (Please Specify)				
TELEPHONE NUMBERS (Including Area Code)				
HOME:		DO YOU PREFER TO BE CONTACTED AT: <input type="checkbox"/> HOME <input type="checkbox"/> WORK		
WORK:		PREFERRED TIME:		PREFERRED DAYS:
FAX:		E-MAIL ADDRESS:		
NAME OF PERSON TO CONTACT IF YOU CANNOT BE REACHED:				
TELEPHONE NUMBER (Including Area Code):				
SOCIAL SECURITY #		SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CENSUS TRACT _____ (Office Use Only)	
MARITAL STATUS: <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SINGLE <input type="checkbox"/> OTHER: _____ (Please Specify)				
RACE		COLOR	NATIONAL ORIGIN/ANCENSTRY	
DISABILITY _____ (Please Specify)				

2. FINANCIAL INFORMATION

EMPLOYED BY:		POSITION:	MONTHLY SALARY \$
SPOUSE/PARTNER EMPLOYED BY:			MONTHLY SALARY \$
OTHER INCOME \$		SOURCE OF OTHER INCOME	
OTHER INCOME \$		SOURCE OF OTHER INCOME	
TOTAL INCOME \$			
RATE YOUR CREDIT: <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR <input type="checkbox"/> OTHER: _____ (Please Specify)			

3. FAMILY INFORMATION

NAME OF SPOUSE/PARTNER		SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE
RACE	COLOR	NATIONAL ORIGIN/ANCENSTRY	

3. FAMILY INFORMATION (CONTINUED)

DISABILITY _____ <i>(Please Specify)</i>				
DEPENDENT	RELATIONSHIP	DATE OF BIRTH	AGE	SEX : <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
RACE	COLOR	NATIONAL ORIGIN/ANCENSTRY		
DISABILITY _____ <i>(Please Specify)</i>				
DEPENDENT	RELATIONSHIP	DATE OF BIRTH	AGE	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
RACE	COLOR	NATIONAL ORIGIN/ANCENSTRY		
DISABILITY _____ <i>(Please Specify)</i>				

4. LIST OTHER ADULTS WHO SOUGHT HOUSING WITH YOU

NAME	RELATIONSHIP	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE
RACE	COLOR	NATIONAL ORIGIN/ANCENSTRY	
DISABILITY _____ <i>(Please Specify)</i>			
NAME	RELATIONSHIP	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	AGE
RACE	COLOR	NATIONAL ORIGIN/ANCENSTRY	
DISABILITY _____ <i>(Please Specify)</i>			

5. CURRENT HOUSING SITUATION

HOUSING TYPE: <input type="checkbox"/> SINGLE HOME <input type="checkbox"/> APARTMENT <input type="checkbox"/> OTHER: _____ <i>(Please Specify)</i>	
NUMBER OF BEDROOMS: _____ HOUSING IS: <input type="checkbox"/> OWNED <input type="checkbox"/> RENTED <input type="checkbox"/> LEASED <i>(Check One)</i>	
MORTGAGE PAYMENT: \$ _____ FINANCE SOURCE: _____	
RENTAL PAYMENT METHOD: <input type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY RENT PAYMENT: \$ _____ <i>(Check One)</i>	
LEASE TERMS: _____ <i>(Please Specify)</i>	EXPIRATION DATE: _____ <i>(Please Specify)</i>
REASON YOU ARE MOVING: _____ <i>(Please Specify)</i>	
DATE, IF ANY, YOU MUST MOVE: _____ <i>(If Applicable)</i>	
NUMBER OF BEDROOMS NEEDED: _____ RENT CLIENT WILL PAY: \$ _____	
NUMBER OF INDIVIDUALS CURRENTLY LIVING AT THIS LOCATION: _____	
LIST ANY PETS/SERVICE ANIMALS CURRENTLY LIVING AT THIS LOCATION: _____	

6. I BELIEVE I WAS DISCRIMINATED AGAINST BECAUSE OF MY (CHECK ONE OR MORE OF THE FOLLOWING):

<input type="checkbox"/> RACE	<input type="checkbox"/> COLOR	<input type="checkbox"/> NATIONAL ORIGIN / ANCESTRY	<input type="checkbox"/> SEX	<input type="checkbox"/> SEXUAL ORIENTATION
<input type="checkbox"/> MARITAL STATUS	<input type="checkbox"/> FAMILIAL STATUS (Children)	<input type="checkbox"/> SOURCE OF INCOME		
RELIGION: _____ <small>(Name of Religious Creed)</small>		DISABILITY: _____ <small>(Please Specify)</small>		
OTHER: _____ <small>(Please Specify)</small>				

7. I WISH TO COMPLAIN AGAINST (Check One or More of the Following):

<input type="checkbox"/> OWNER	<input type="checkbox"/> MANAGER	<input type="checkbox"/> DEVELOPER	<input type="checkbox"/> MANAGEMENT COMPANY
<input type="checkbox"/> REAL ESTATE AGENT/BROKER	<input type="checkbox"/> LENDING INSTITUTION	<input type="checkbox"/> OTHER: _____ <small>(Please Specify)</small>	
NAME:	TITLE:	TELEPHONE NUMBER	
COMPANY NAME:			
<small>(Number and Street)</small>		<small>(City)</small>	<small>(County)</small> <small>(ZIP Code)</small>
ADDRESS:			
RACE:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CENSUS TRACT: _____ <small>(Office Only)</small>	
PRIOR COMPLAINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
NAME:	TITLE:	TELEPHONE NUMBER:	
COMPANY NAME:			
<small>(Number and Street)</small>		<small>(City)</small>	<small>(County)</small> <small>(ZIP Code)</small>
ADDRESS:			
RACE:	SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	CENSUS TRACT: _____ <small>(Office Only)</small>	
PRIOR COMPLAINTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROPERTY NAME: _____ <small>(If Applicable)</small>			

TYPE OF PROPERTY: (Check One)

<input type="checkbox"/> APARTMENT BUILDING: NUMBER OF UNITS _____	<input type="checkbox"/> APARTMENT COMPLEX <small>(More than one building)</small>
<input type="checkbox"/> SINGLE FAMILY HOME	<input type="checkbox"/> REAL ESTATE OFFICE
<input type="checkbox"/> DUPLEX	<input type="checkbox"/> CONDOMINIUM
<input type="checkbox"/> MOBILE HOME	<input type="checkbox"/> VACANT LAND
<input type="checkbox"/> OTHER: _____ <small>(Specify)</small>	

**8. IF REFUSED SHOW OF PROPERTY, RENTAL/LEASE DENIED, OR SALES/FINANCE DENIED, COMPLETE THE FOLLOWING
(HOW DID YOU FIRST LEARN OF THE VACANCY?)**

NEWSPAPER

DATE:

(Please Specify and Enclose Copy of Advertisement if Possible)

☐ POSTED SIGN

☐ RENTAL AGENCY:

(Please Specify)

☐ TENANT

☐ FRIEND

☐ OTHER:

(Please Specify)

9. IF EVICTED, COMPLETE THE FOLLOWING: (ENCLOSE COPIES IF POSSIBLE)

DATE OF INITIAL NOTICE: _____ DATE REQUIRED TO VACATE: _____

HAVE YOU BEEN SERVED A NOTICE OF UNLAWFUL DETAINER? ☐ YES ☐ NO

DATE OF NOTICE: _____ COURT DATE: _____

WHAT WERE YOU TOLD WAS THE REASON FOR EVICTION:

10. LIST THE NAMES, ADDRESSES AND TELEPHONE NUMBERS (IF POSSIBLE) OF WITNESSES YOU FEEL COULD PROVIDE EVIDENCE IN YOUR SUPPORT

WITNESS NAME	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
	()	()
(Number and Street)	(City)	(State) (ZIP Code)
ADDRESS		

WITNESS NAME	HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
	()	()
(Number and Street)	(City)	(State) (ZIP Code)
ADDRESS		

11. APPLICATION INFORMATION

DO YOU WANT THE UNIT/PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO NUMBER OF PERSONS TO OCCUPY DWELLING: _____
LIST PETS/SERVICE ANIMALS TO OCCUPY DWELLING: _____
APPLICATION SUBMITTED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO," GIVE REASON: _____
DATE APPLIED: _____ DATE DENIED: _____
NAME OF PERSON WHO MADE DENIAL: _____
CONTRACT/LEASE SIGNED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," SPECIFY TYPE: _____
DID YOU PAY ANY FEES OR DEPOSITS TO THE HOUSING PROVIDER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," SPECIFY THE AMOUNT AND DESCRIPTION: _____

11. APPLICATION INFORMATION (CONTINUED)

DID THE HOUSING PROVIDER TELL YOU: A CREDIT CHECK WOULD BE DONE <input type="checkbox"/> YES <input type="checkbox"/> NO PREVIOUS LANDLORD WOULD BE CONTACTED <input type="checkbox"/> YES <input type="checkbox"/> NO OTHER CHECKS OR INQUIRIES <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," DESCRIBE: _____
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12. COMPLAINT INFORMATION

HAVE YOU DISCUSSED OR FILED THIS COMPLAINT WITH ANY OTHER AGENCY OR ORGANIZATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," LIST NAME OF AGENCY: _____
HAVE YOU MADE ANY STATEMENTS TO THE HOUSING PROVIDER THAT MIGHT SUGGEST THAT AN INVESTIGATION MIGHT BE COMMENCED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES," DESCRIBE: _____

13. WHAT INFORMATION DO YOU HAVE TO INDICATE THAT YOU WERE TREATED DIFFERENTLY THAN OTHER TENANTS/APPLICANTS (Use additional sheets if necessary.)

OFFICE USE ONLY

FHCCC CASE NUMBER: _____

INTERVIEWER (S): _____

1ST PROTECTED BASIS _____

2ND PROTECTED BASIS _____

3RD PROTECTED BASIS _____

4TH PROTECTED BASIS _____

5TH PROTECTED BASIS _____

TYPE OF TRANSACTION: ☐ RENTAL ☐ LENDING ☐ CONSTRUCTION ☐ ADVERTISING
☐ SALES ☐ INSURANCE ☐ APPRAISAL ☐ OTHER:

(Please Specify)

TYPE OF DISCRIMINATORY ACTION:

☐ REFUSAL TO SHOW (*Falsely Denying Availability*)

☐ TERMS OR CONDITIONS OF RENTAL

☐ REFUSAL TO SELL

☐ DISCRIMINATION IN FINANCING

☐ REFUSAL TO RENT

☐ RETALIATION

☐ TERMS OR CONDITIONS OF SALE

☐ OTHER:

(Please Specify)

TESTER INFORMATION:

TEST FUNDED BY:

NUMBER OF TESTS: _____ **TEST DATE(S):** _____ **NUMBER OF TESTERS:** _____

TYPE OF CONTACT: _____ **TESTING RESULTS:** _____

TESTER FEE(S): \$ _____ **INVESTIGATION RESULTS:** _____

CASE STATUS:

REFERRAL DATE: _____ **RESOLUTION DATE:** _____

REFERRED TO: _____ **AWARD AMOUNT:** \$ _____

CONTACT PERSON: _____ **TYPE OF RELIEF:** _____

CASE NUMBER: _____ **COURT DATE:** _____

CASE NUMBER: _____ **COURT DATE:** _____

CARRYOVER: _____ **CARRYOVER DATE:** _____

STATE STATUTE: _____ **RESOLUTION:** _____

FEDERAL STATUTE: _____ **LOCAL STATUTE/ORDINANCE:** _____

OTHER RELIEF: _____ **OTHER RELIEF:** _____

INTERVIEWER NOTES

