



Fair Housing Advocates of Northern California

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FAIR HOUSING INVESTIGATOR

This information is essential and necessary in setting up testing profiles. It is kept confidential at the offices of Fair Housing Advocates of Northern California. Investigations involve sending out two testers, one matching the basis of discrimination to be tested and a "control" tester with the opposite characteristic (e.g. married vs. single).

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Home Phone: (_____) _____ Home Fax: (_____) _____

Cell Phone: (_____) _____ E-Mail/Other: _____

Work Phone: (_____) _____ Work Fax: (_____) _____

Best Place & Time to Reach You: _____

Current Occupation: _____

Previous Occupation(s): _____

STATUS CHARACTERISTICS: (check all appropriate boxes)

- | | | |
|---|--|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native American | |

- | | | |
|---------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Female | <input type="checkbox"/> Heterosexual | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Male | <input type="checkbox"/> Lesbian/Gay/Bisexual | |

Physical / Mental Disability (specify): _____

Religion(s) (of which you have knowledge and/or would be comfortable portraying) (specify): _____

STYLE OF DRESS: (check all boxes which describe how you can appear)

- | | | | |
|---------------------------------|--------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> casual | <input type="checkbox"/> blue collar | <input type="checkbox"/> professional | <input type="checkbox"/> elegant |
|---------------------------------|--------------------------------------|---------------------------------------|----------------------------------|

DESCRIBE YOUR PHYSICAL APPEARANCE: (height, weight, hair color, skin color, etc)

Can you appear older or younger than your age? Older Younger

WHEN ARE YOU AVAILABLE FOR TESTING? (check all appropriate boxes)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments regarding your availability: _____

TRANSPORTATION: (Investigations are conducted in Marin and in parts of Sonoma. This would require you to get to test sites on your own. Transportation is not provided, but we do reimburse for transportation costs – Mileage and Tolls.)

own car public transit other (explain): _____

Valid California Driver's License No: _____ Expiration Date: _____

Auto Insurer: _____ Policy No./Exp. Date: _____

MARIN AREA LOCALITIES: (Check the boxes for areas you are willing & able to test.)

- All areas of Marin (If you check this box, you do not need to check any others.)
- Belvedere Kentfield San Anselmo
- Black Point Larkspur San Geronimo Valley
- Bolinas/Stinson Mill Valley San Rafael (central)
- Corte Madera Novato San Rafael (north)
- Fairfax Pt. Reyes/Tomales Sausalito
- Ignacio/Hamilton Ross Tiburon

SONOMA LOCALITIES: (Check the boxes for areas you are willing & able to test.)

- All areas of Sonoma (If you check this box, you do not need to check any others.)
- Petaluma Rohnert Park Santa Rosa Sebastopol Sonoma

SOLANO COUNTY LOCALITIES: (Check the boxes for areas you are willing & able to test.)

- All areas of Solano County (If you check this box, you do not need to check any others.)
- Benicia Vallejo
- Dixon
- Fairfield
- Rio Vista
- Suisun city

PLEASE LIST TWO PERSONAL REFERENCES:

Name City Phone

Name City Phone

Have you ever been trained by or tested for another fair housing group? Yes
 No

Name of Group: _____ City: _____

Phone No: _____ Test Coordinator's Name: _____

Training Date: _____ Dates (mo/yr) as an active tester: _____ to _____

Have you ever worked for a real estate or property management agency? Yes No

Have you ever owned or managed rental property in any of the counties we serve? Yes No

Have you ever been convicted of a felony or crime of fraud or perjury? Yes No

How did you hear about our testing program? _____

I declare that the foregoing is true and correct.

Signature

Date