



# 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)

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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: \_\_\_\_\_

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**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