



Interfaith Housing Center of the Northern Suburbs

Interfaith Housing Center of the Northern Suburbs Fair Housing Tester/Auditor Preliminary Information Form

Date: _____

Part of the purpose of this form is to provide information to assist in matching you with persons who have faced housing discrimination and /or another tester with similar characteristics. The information requested is personal and will be kept in the strictest confidence by staff.

Name: _____ Sex: _____

Languages Spoken: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Can we contact you at work? _____

Cell Phone: _____ E-Mail _____

Race/Ethnicity: _____

Marital Status: _____ DOB: _____

Spouse's /Partner's Name: _____ DOB: _____

Spouse's /Partner's Race/Ethnicity: _____

Children (Gender/Age) _____

Current Employment (Position/Employer/Responsibilities) _____

Spouse's /Partner's Current Employment: _____

Have you ever engaged in fair housing "testing" or "auditing" for discrimination? _____

If so, for what agency or organization? _____

Complete reverse side as well!

Are you willing to test outside of your local area? _____

Do you, your relatives or close friends have any relationship with the housing industry? If yes, please describe:

When are you available for testing? (Circle all appropriate)

Weekday AM Weekday Afternoon Weekday evenings Weekends

Have you ever been convicted of a felony? _____

Have you ever been convicted of a crime involving fraud or perjury? _____

Have you ever been dismissed from a job for misconduct involving dishonesty, fraud, theft?

Do you own or rent? _____ If you own, who holds your mortgage(s), if applicable? _____

How long have you lived at your current address? _____ years

In assigning you as a tester, we will sometimes assign you an occupation other than your own. Please list occupations with which you would be familiar (e.g., you've had friends who did this work and talked about it or a relative may have held this job, etc.):

Make/Model/Year of your car(s) _____

Current Car Insurance Company _____

By signing below, I certify that the information contained herein is true.

Signature _____ Date _____

(All information provided is kept confidential)

The form should be mailed to Interfaith Housing Center of the Northern Suburbs, Fair Housing Test Coordinator, 620 Lincoln, Winnetka, Illinois 60093