## **Housing Discrimination Information Form**

If you believe your rights have been violated, the local fair housing agency or HUD or a State agency is ready to help you file a complaint.

You have one year from the date of the alleged act of discrimination to file your complaint.

After your information is received, we will contact you to discuss the concerns you raise.

Instructions: (Please type or print.) Read this form carefully. Try to answer all questions. If you do not know the answer or a question does not apply to you, leave the space blank. You have one year from the date of the alleged discrimination to file a complaint. Your form should be signed and dated. <u>Use reverse side of this page if you need more space to respond.</u>

Name:	Best time to call:	Your Daytime Phone No:						
Address:		Evening Phone No:						
City:	State:	Zip Code:						
Who else can we call if we cannot reach you?								
1. Contact's Name:	Daytime Phone No.							
Best time to call:	Evening Phone No.							
2. Contact's Name:	Daytime Phone No.							
Best time to call:	Evening Phone No.							

1. What happened to you? How were you discrimination against? For example: were you refused an opportunity to rent or buy housing? Denied a loan? Told housing was not available when in fact it was? Treated differently from others seeking housing? State briefly what happened.

2. Why do you believe you are being discriminated against?

It is a violation of the law to deny you your housing rights for any of the following factors: 1) race, 2) color, 3) religion, 4) sex, 5) national origin, 6) familial status (families with children under 18) and 7) disability.

For example: were you denied housing because of your race? Were you denied a mortgage loan because of your religion? Or turned down for an apartment because you have children? Were you harassed because you assisted someone in obtaining their fair housing rights? Briefly explain why you think your housing rights were denied because of any of the factors listed above.

3.	Who do you believe discriminated against you? Was it a landlord, owner, bank, real estate agent, broker, company, or organization?						
	Name:						
	Address:						
4.	Where did the alleged act of discrimination occur? Provide the address. For example: Was it at a rental unit? Single family home? Public or Assisted Housing? A Mobile Home? Did it occur at a bank or other lending institution?						
	Address:						
	City:	State: Zip Code:					
5.			scrimination occur? E on continuous or on go	AVAIL SAME			
				Yes	☐ No		
Si	gnature:				Date:	p.	
X							
C C 40	end this form to the ity Administrator ity of Fremont 00 E. Military remont, NE 68025	or	HUD at Fair Housing U.S. Department of I Gateway Tower II 400 State Avenue, R Kansas City, KS 661	HUD oom 200	Center or	Equal Opportunity Commission 1313 Farnam on the Mall, 3 <sup>rd</sup> Floor, Ste 4 Omaha, NE 68102-1836	