



## FHCGB TESTER APPLICATION FORM

***Note to Applicant:*** Fair Housing Center of Greater Boston (FHCGB) collects demographic information because it is necessary when designing effective housing discrimination tests and matching testers. All information provided on this form will remain confidential. If you have questions, please contact the Test Coordinator at (617) 399-0491 ext. 106.

### **Contact Information:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

(Do not provide phone numbers or email addresses at which you do not want to be contacted!)

How did you hear about FHCGB's testing program? \_\_\_\_\_

### **Personal/Demographic Information:**

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

Sex: \_\_\_\_\_ Gender: \_\_\_\_\_ Skin color: \_\_\_\_\_

Do you have an accent? If so, describe: \_\_\_\_\_

Disability?  Yes  No

### **Family Information:**

Marital Status:  Married  Not Married

If married, spouse's name: \_\_\_\_\_

Spouse's age: \_\_\_\_\_ Spouse's race/ethnicity: \_\_\_\_\_

Do you have children?  Yes  No

If yes, please provide their sex and ages: \_\_\_\_\_

### **Income/Employment Information:**

Current paid employment (position & employer): \_\_\_\_\_

Previous Employment (position & employer): \_\_\_\_\_

Other occupations with which you are familiar: \_\_\_\_\_

Receive child support?  Yes  No      SSI/SSDI/Disability Income?  Yes  No      TAFDC?  Yes  No

Other types of income (please list): \_\_\_\_\_

Please describe your family income:  <\$35,000     ≥\$35,000     ≥\$55,000     ≥\$75,000     ≥\$100,000

Spouse's current source of income/employment: \_\_\_\_\_

Have you or your spouse ever worked as/with a housing provider (e.g. realtor, realty agency, landlord, real estate lawyer, PHA, lender, mortgage broker, etc.)?  Yes  No

If yes, please describe: \_\_\_\_\_



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### Housing Information:

Do you currently?  own  rent

Your current residence is a(n):

- Single family home     Apartment     Scattered-site shelter     Congregate shelter
- Duplex                       Condo                       Transitional Housing     Other (please specify): \_\_\_\_\_

Do you have a housing subsidy?  Yes  No

Are you familiar with state and/or federal housing subsidy programs?  Yes  No

### Miscellaneous:

Do you have access to a car?  Yes  No

Do you have access to public transportation?  Yes  No

Have you had credit problems in the past 5 years?  Yes  No

Have you, or a person/organization you know, ever been involved in a housing discrimination complainant?  Yes  No

Do you have a criminal record?  Yes  No

### Availability:

In general, I am available for testing (circle/highlight all that apply):

**9 a.m. – 12 p.m. :**    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**12 p.m. – 5 p.m. :**    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

**5 p.m. – 7 p.m. :**    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday    Sunday

By the signature below, I certify that the information contained herein is true. In addition, I certify that I have never been terminated or asked to leave a position because of fraud or dishonesty and that I have never been convicted of a felony.

Tester Signature \_\_\_\_\_ Date \_\_\_\_\_

***FHCGB is always looking for new testers. If you know of any friends, family members, or co-workers who might be interested, please list their names and contact information. We would also appreciate it if you would list names of any organizations with which you are affiliated that may be interested in receiving information about FHCGB services and programs.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL INFORMATION PROVIDED IS CONFIDENTIAL.**