



### FAIR HOUSING TESTER APPLICATION

Date:	
Name:	
Address:	
Phone:	
Cell:	
Email:	

Employer:	
Address:	
Occupation:	
Work phone:	

How do you prefer to be contacted?	Home phone [ ] Cell phone [ ]
	Email [ ] Work phone [ ]

Have you ever been convicted of a felony?	Yes [ ] No [ ]
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*The following information will not be used to determine if you qualify to be a fair housing tester. It will be used to develop your testing profile for use during fair housing investigations.*

Date of Birth:	Sex: F [ ] M [ ]	Race/Ethnicity:
Hair color:	Complexion:	
Other characteristics:		
What languages do you speak?		
Do you look older than your age? Yes [ ] No [ ] Younger? Yes [ ] No [ ]		
Do you have experience with discrimination testing?		
When and where did you receive training?		
Do you have a valid drivers' license? Yes [ ] No [ ]		
Do you have reliable transportation? Yes [ ] No [ ]		
Are you available on short notice? Yes [ ] No [ ]		
Which days are you available for testing?	Monday [ ]	Tuesday [ ]
	Wednesday [ ]	Thursday [ ] Friday [ ]

Please indicate the areas in which you would be willing to test for ECHO:			
Contra Costa County [ ]	Hayward [ ]	Oakland [ ]	San Leandro [ ]
Santa Clara County [ ]	Union City [ ]	Tri-Valley Area [ ]	





Eden Council for Hope & Opportunity  
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www.echofairhousing.org

Please indicate the other areas in which you would be willing to test for other agencies: Berkeley [ ] Peninsula [ ] San Francisco [ ]

Have you ever encountered housing discrimination? Yes [ ] No [ ]

If so, please describe your experience:

Please explain why you are interested in being a fair housing tester:

*The information I have provided on this application is true and correct. As an investigator for the Eden Council for Hope and Opportunity (ECHO), I promise to report objectively the facts and only the facts of each investigation and to keep confidential any information obtained during the course of my role as an investigator.*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Who should be contacted in the event of an emergency?

Name:	Phone:
Name:	Phone:

Please fax completed application to: 510-537-4793

