



770 A Street
Hayward CA 94541
510-581-9380

Eden Council for Hope and Opportunity

www.echofairhousing.org

FAIR HOUSING TESTER APPLICATION

Date:	
Name:	
Address:	
City/State/Zip:	
Phone:	
Cell:	
Email:	

Employer:	
Address:	
Occupation:	
Work phone:	

How do you prefer to be contacted?	Home # []	Cell # []	Email []	Work# []
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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, and 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 - am [] pm [] Tuesday - am [] pm [] Wednesday - am [] pm [] Thursday - am [] pm [] Friday - am [] pm []	

Please indicate the areas in which you would be willing to test for ECHO:		
Alameda County - (North) []	(South) []	(East) []
Contra Costa County - (West) []	(Central) []	(East) []
Monterey County - (Peninsula) []	(Salinas Valley) []	





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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 or scan to Angie@echofairhousing.org.

