

# Fair Housing Survey

Fair housing is a right protected by Federal and State laws. Each resident is entitled to equal access to housing opportunities regardless of race, color, religion, sex, national origin, disability, familial status, marital status, age, ancestry, sexual orientation, source of income, or any other arbitrary reason.

**Signs of discrimination include:**

- The rent or deposit quoted is higher than advertised
- The manager says the unit is rented but the ad or sign is still posted
- The manager says "You probably won't like it here", "We've rented out the family units", or "There is no place for your children to play"
- A real estate agent keeps "steering" you to look for houses in neighborhoods different than the ones you desire and you think you can afford
- The manager denies your request to make minor modifications to your unit to accommodate your disability

The cities and County of San Diego are conducting an Analysis of Impediments to Fair Housing Choice. They want to hear from you about your experience with fair housing issues and concerns. Please fill in the following survey. Thank you.

1. Please indicate the ZIP Code of your residence \_\_\_\_\_

2. Have **you** ever experienced discrimination in housing?

\_\_\_\_ YES      \_\_\_\_ NO

(If YES, please proceed to Questions 4 through 9. If NO, please skip to Question 10)

3. Who do you believe discriminated against you?

- |                                  |                          |
|----------------------------------|--------------------------|
| ____ a landlord/property manager | ____ a real estate agent |
| ____ a mortgage lender           | ____ a mortgage insurer  |
| ____ a city/county staff person  |                          |

4. Where did the act of discrimination occur?

- |                                   |   |
|-----------------------------------|---|
| ____ an apartment complex         | ____ a condo development                    |
| ____ a single-family neighborhood | ____ a public or subsidized housing project |
| ____ a trailer or mobilehome park | ____ when applying for city/county programs |

5. On what basis do you believe you were discriminated against (check all that apply)?

- |   |  |                                      |
|---|--|--------------------------------------|
| ____ Race   | ____ Color                             | ____ Religion                        |
| ____ National Origin  | ____ Ancestry                          | ____ Gender                          |
| ____ Marital Status   | ____ Sexual Orientation                | ____ Age                             |
| ____ Family Status  | ____ Source of Income                  | ____ Disability                      |
| (e.g. single-parent with children, family with children or expecting a child) | (e.g. welfare, unemployment insurance) | (either you or someone close to you) |

\_\_\_\_ Other (please elaborate: \_\_\_\_\_)

6. Have you ever been denied “reasonable accommodation” (flexibility) in rules, policies, or practices to accommodate your disability?

YES  NO

If YES, what was your request?

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7. If you believe you have been discriminated against, have you reported the incident?

YES  NO

If NO – Why?  don’t know where to report  afraid of retaliation  
 don’t believe it makes any difference  too much trouble

8. If you own your home, are you already in the foreclosure process or at risk of foreclosure?

YES  NO

9. If YES, are you in foreclosure or at risk of foreclosure due to (check all that apply):

Loss of income/unemployment  
 Unable to refinance home to a lower interest rate  
 Unable to refinance home to a fixed-rate loan  
 Balloon payment required  
 Significant increases in other housing costs (e.g. insurance, taxes, utilities, etc.)

10. Has any hate crime been committed in your neighborhood?

YES  NO

If YES, what was the basis (check all that apply)

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion
<input type="checkbox"/> National Origin	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Gender
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Age
<input type="checkbox"/> Family Status	<input type="checkbox"/> Source of Income	<input type="checkbox"/> Disability
<input type="checkbox"/> Other (please elaborate: _____)		

**THANK YOU!**