

Legal Services of Eastern Michigan  
 Fair Housing Center of Eastern Michigan  
 436 S. Saginaw Street, Flint 48502  
 Phone: (810) 234-2621 Fax: (810) 234-9039

**Personal Data Form**

This form is an application form for prospective testers. The information requested is, in some respects, more personal than what is generally required on a standard application. The personal information will assist the Test Coordinator when making assignments.

**Basic Data:**

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Address \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email Address \_\_\_\_\_

Race \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_

National Origin \_\_\_\_\_ Birth date \_\_\_\_\_

Do you have a diagnosed disability? YES NO If yes, explain

\_\_\_\_\_

Do you use any assistive devices (walker, wheelchair, hearing aids, service animal, etc.)? If yes, explain \_\_\_\_\_

Family Names-Currently Living with you	Age	Sex	Race	Relationship

**Education:**

Elementary and High School Grades Completed \_\_\_\_\_

Years of College or other post High School Education completed \_\_\_\_\_

Degrees \_\_\_\_\_ Certificates \_\_\_\_\_

**Occupational Data:**

Are you presently employed? Yes No

If yes, who is your employer? \_\_\_\_\_ Phone Number \_\_\_\_\_

In what city/community do you work? \_\_\_\_\_

What is your present occupation? \_\_\_\_\_

What other types of work have you performed in the last five years?

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Will you be able to be involved in testing during work hours? Yes No

Do you now, or have you in the past, been employed in the housing industry? Yes No

If yes, explain \_\_\_\_\_

**Transportation:**

Do you own or have access to a reliable transportation (car, public transportation, bike, friend, etc.) that you can use for testing? Yes No

Are you available to test anywhere in Genesee County? Yes No

If no, please indicate where you can test \_\_\_\_\_

**Miscellaneous Data:**

Have you ever been a tester for housing, sales, lending, or insurance discrimination?

Yes No If yes, please give the name(s) of the agency \_\_\_\_\_

Have you previously been a witness, defendant or plaintiff in a court case? Yes No

If yes, explain

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Have you ever been charged of a crime or crimes? Yes No If yes, explain circumstances and date(s).

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Have you ever been convicted of a felony or felonies? Yes No If yes, explain circumstances and date(s).

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Have you ever been evicted from an apartment or other home that you were renting?

Yes No If yes, explain (include the date of eviction)

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**Reference Data:**

List three references- name and phone number:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

**TESTER STATEMENT**

I \_\_\_\_\_ (print name) understand that the information I have given is true and accurate. I am also aware that the information I have provided as a potential tester for the Fair Housing Center may be used by the Center for research purposes or to implement a legal action, and I understand that I may be called as a witness by the Center. I am willing to become so involved and hereby agree to keep the Fair Housing Center informed of my correct address and phone number.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only:

Notes: