

Are You a Victim of Housing Discrimination?

Fair Housing is Your Right!

If you have been denied your housing rights you may have experienced housing discrimination

How do you recognize Housing Discrimination?

Under the Fair Housing Act/Texas Fair Housing Act, it is against the law to:

- Refuse to rent to you or sell you housing
- Tell you housing is unavailable when in fact it is available
- Show you apartment or homes in certain neighborhoods only
- Advertise housing to preferred groups of people only
- Refuse to provide you with information regarding mortgage loans, deny you a mortgage loan, or impose different terms or conditions on a mortgage loan
- Deny you property insurance
- Conduct property appraisals in a discriminatory manner
- Refuse to make certain modifications or accommodations for persons with a mental or physical disability
- Fail to design and construct housing in an accessible manner
- Harass, coerce, intimidate, or interfere with you fair housing rights
- Harass, coerce, intimidate, or interfere with you because you assisted others in exercising their Fair Housing Rights

Based on these factors...

- Race
- Religion
- Color
- Sex
- National Origin
- Disability - Mental or Physical
- Familial Stats (Presence of children in the house under the age of 18, or if you are pregnant.)

You may file a complaint within one year from the date of alleged harm. If you believe you are a victim of housing discrimination, you may complete the Housing Discrimination Inquiry form and mail it to:

Texas Workforce Commission
Civil Rights Division
1117 Trinity Street, Rm. 144-T
Austin, Texas 78701
ATTN: Housing

"Disclaimer" for FHIP Agencies

"The work that provided the basis for this publication was supported by funding under a Grant with the U.S. Department of Housing and Urban Development. The substance and findings of the work are dedicated to the public. The author and publisher are solely responsible for the accuracy of the statements and interpretations contained in this publication. Such interpretations do not necessarily reflect the views of the Federal Government."

HOW TO FILE A HOUSING DISCRIMINATION COMPLAINT

There are three ways to file a complaint alleging housing discrimination with the Texas Workforce Commission Civil Rights Division.

You may file your complaint by coming to the Division office located at 1117 Trinity Street, Rm. 144-T in Austin, Texas, or you may call the Division office using the toll free number: 1-888-452-4778, between the hours of 8:00 AM and 5:00 PM. You may also write to the Division at the above address. You will be assigned an Investigator. The Investigator will discuss with you what is required to file a complaint, how the complaint will be investigated, and assist you in preparing the complaint.

Also, you may file a complaint with the U.S. Department of Housing and Urban Development (HUD). HUD may be contacted at U.S. Department of Housing and Urban Development, Southwest Office of Fair Housing and Equal Opportunity, 801 Cherry Street, P.O. Box 2905, Fort Worth, Texas 76113-2905 or 1-888-560-8913

Housing Discrimination Intake Form Instructions

Instructions: Please read this form carefully and answer all questions. Write N/A in the space provided if a question does not apply to you. Questions marked with an asterisk (*) are a must fill. Failure to answer all questions can delay the processing of your inquiry. This form must be printed, signed, and dated. Failure to sign and date the form can also delay the processing of your inquiry.

Please mail the completed form to: Texas Workforce Commission
Civil Rights Division
1117 Trinity Street, Rm. 144-T
Austin, Texas 78701
ATTN: Housing Unit

Form begins on next page.

Housing Discrimination Intake Form

*1. Name: *Daytime Phone:

Address (Must be a physical address not a Post Office Box)

*Street *City *County *State *ZIP Code

2. Who else can we call if we cannot reach you?

Name: Phone:

*3. Who discriminated against you? (Landlord, Owner, Bank, Realtor, Property Management Company, Apartment Complex etc.)

*Name of Individual *Phone *Name of Organization

Address:

*Street *City *County *State *ZIP Code

*4. Where did the alleged act of discrimination occur?

*Street *City *County *State *ZIP Code

*5. State briefly what happened to you. You must include the date of the act you believe to be discriminatory and the names of all persons involved.

*6. Why do you believe you are being discriminated against? (Check all that apply):

Race Religion Color Sex National Origin Disability Familial Status

7. Please submit the following information for any and all witness with first hand knowledge of the alleged harm.

Name: Daytime Phone:

Street City County State ZIP Code

Name: Daytime Phone:

Street City County State ZIP Code

Name: Daytime Phone:

Street City County State ZIP Code

Name: Daytime Phone:

Street City County State ZIP Code

*Signature

*Date