

ANNEX 2: TEST REPORT FORMS

- **ADVANCE CALL FORM**
- **LOG OF APPOINTMENT CALLS**
- **TEST REPORT FORM – RENTAL TESTS**
- **TEST REPORT FORM – SALES TESTS**
- **RECORD OF RECOMMENDED HOMES**
- **LOG OF FOLLOW-UP CONTACT**

ADVANCE CALL FORM

(COMPLETE ONE FORM FOR EACH CALL ATTEMPTED)

Control # _____

Person Making Call: _____

Contact # _____

Date ___ ___ / ___ ___ / ___ ___ Time _____ : _____ AM PM

Disposition Code: _____ (see back of this page)

1. Unit Availability Information:

Address	# of Bedrooms	Price	Date Available	Advertised Unit?
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No

2. What are the test site's office hours? _____

3. Is it possible to stop in and speak with an agent about the available housing?

Yes No

4. Were you informed that an appointment with an agent is necessary to discuss the available housing? Yes No

5. Was the advertised housing deemed ineligible? Yes No

6. Verify the Test Site Address: _____

7. With whom did you speak? _____

COMMENTS:

LOG OF APPOINTMENT CALLS

Control # _____ Tester ID # _____
Test Site: _____
Site Address, if known: _____
Phone Number (s) (_____) _____ ; (_____) _____

Contact # _____
Date ____ / ____ / ____ Time ____ : ____ AM PM
Disposition Code: _____

1. Were you able to make an appointment? Yes No
2. If **Yes**, when is the appointment?
Day _____
Date ____ / ____ / ____
Time ____ : ____ AM PM
3. Name of person you have appointment with: _____
4. Name of person you spoke with during this contact: _____
5. Location to meet: _____
6. Comments made: _____

Contact # _____
Date ____ / ____ / ____ Time ____ : ____ AM PM
Disposition Code: _____

1. Were you able to make an appointment? Yes No
2. If **Yes**, when is the appointment?
Day _____
Date ____ / ____ / ____
Time ____ : ____ AM PM
3. Name of person you have appointment with: _____
4. Name of person you spoke with during this contact: _____
5. Location to meet: _____
6. Comments made: _____

10. How many minutes did you wait to meet with someone (i.e. between the time you were greeted by someone when you entered and the time you met with the agent)?
_____ minutes

11. When you asked about the availability of the advertised housing, what were you told?

- Housing is available when I need it
- Housing is not available when I need it
- The status of the housing was not known
- Something else (*specify*): _____

12. Were you told about other housing with the same # of bedrooms, within your price range, and available for rent when you need it?

- Yes
- No
- Agent did not know

13. Were you told about any other housing options that would meet your needs (at least the minimum # of bedrooms, within your price range, and be available when you need it)?

- Yes
- No
- Agent did not know

14. How many rental units did the agent indicate were available to you? (*Add available units from Q11-13*)

Rental Units

15. Did one agent refer you to another agent who provided service to you? Yes No

15a. If yes, were you referred to an agent within the same agency? Yes No

15b. If you were referred, using the numbers from Question 6, enter the number of the person

to whom you were referred: [enter line #]

16. At any time during your visit, did an agent comment on or make reference to Fair Housing Laws?

- Yes
- No

17. Please fill out the following information on any rental units that were recommended to you for up to five units, beginning with those you inspected :

Unit #1 Address: _____

(number)

(street)

(unit #)

(city)

(state)

(zip)

Did you inspect this unit? Yes No

Is this the advertised unit? Yes No

Rent: \$ _____ /month

Date Available: ____/____/____

of Bedrooms: _____

of Bathrooms: _____

How many floors in building? _____

Unit is on what floor? _____

How much of a security deposit is required?

- One month's rent
- Two month's rent
- Three month's rent
- Other (*specify*): _____
- Agent did not know
- Security deposit not required

Length of lease available?

- Month-to-month
- Three month
- Six month
- One year
- Other (*specify*): _____

Which utilities or amenities are included in rent? [check one per line]

	Included	Not Included	Agent did not say	Not Applicable
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water/sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pool/Health Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the physical condition of the unit's INTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

How do you rate the physical condition of the building's EXTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

Unit # 1 cont.

Did the agent make any of the following comments about the surrounding neighborhood?

a. Noise

- Quiet
- Noisy
- No comment

b. Safety

- Safe/low crime
- Dangerous/high crime
- No comment

c. Schools

- Good
- Poor
- No comment

d. Maintenance/ Services

- Good Services/Amenities
- Poor Services/Amenities
- No comment

e. Race or Ethnicity? Yes No

If **Yes**, please describe: _____

Unit #2 Address:

Did you inspect this unit? Yes No

Is this the advertised unit? Yes No

Rent: \$ _____ /month

Date Available: ____/____/____

of Bedrooms: _____

of Bathrooms: _____

How many floors in building? _____

Unit is on what floor? _____

How much of a security deposit is required?

Length of lease available?

- One month's rent
- Two month's rent
- Three month's rent
- Other (*specify*): _____
- Agent did not know
- Security deposit not required

- Month-to-month
- Three month
- Six month
- One year
- Other (*specify*): _____

Which utilities or amenities are included in rent? [check one per line]

	Included	Not Included	Agent did not say	Not Applicable
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water/sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pool/Health Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the physical condition of the unit's INTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

How do you rate the physical condition of the building's EXTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

Unit # 2 cont.

Did the agent make any of the following comments about the surrounding neighborhood?

a. Noise

- Quiet
- Noisy
- No comment

b. Safety

- Safe/low crime
- Dangerous/high crime
- No comment

c. Schools

- Good
- Poor
- No comment

d. Maintenance/ Services

- Good Services/Amenities
- Poor Services/Amenities
- No comment

e. Race or Ethnicity? Yes No

If **Yes**, please describe: _____

Unit #3 Address:

(number)

(street)

(unit #)

Did you inspect this unit? Yes No

Is this the advertised unit? Yes No

Rent: \$ _____ /month

Date Available: ____/____/____

of Bedrooms: _____

of Bathrooms: _____

How many floors in building? _____

Unit is on what floor? _____

How much of a security deposit is required?

Length of lease available?

- One month's rent
- Two month's rent
- Three month's rent
- Other (*specify*): _____
- Agent did not know
- Security deposit not required

- Month-to-month
- Three month
- Six month
- One year
- Other (*specify*): _____

Which utilities or amenities are included in rent? [check one per line]

	Included	Not Included	Agent did not say	Not Applicable
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water/sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pool/Health Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the physical condition of the unit's INTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

How do you rate the physical condition of the building's EXTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

Unit # 3 cont.

Did the agent make any of the following comments about the surrounding neighborhood?

a. Noise

- Quiet
- Noisy
- No comment

b. Safety

- Safe/low crime
- Dangerous/high crime
- No comment

c. Schools

- Good
- Poor
- No comment

d. Maintenance/ Services

- Good Services/Amenities
- Poor Services/Amenities
- No comment

e. Race or Ethnicity? Yes No

If **Yes**, please describe: _____

Unit #4 Address:

_____ (number) _____ (street) _____ (unit #)
_____ (city) _____ (state) _____ (zip)

Did you inspect this unit? Yes No

Is this the advertised unit? Yes No

Rent: \$ _____ /month

Date Available: ____/____/____

of Bedrooms: _____

of Bathrooms: _____

How many floors in building? _____

Unit is on what floor? _____

How much of a security deposit is required?

- One month's rent
- Two month's rent
- Three month's rent
- Other (*specify*): _____
- Agent did not know
- Security deposit not required

Length of lease available?

- Month-to-month
- Three month
- Six month
- One year
- Other (*specify*): _____

Which utilities or amenities are included in rent? [check one per line]

	Included	Not Included	Agent did not say	Not Applicable
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water/sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pool/Health Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the physical condition of the unit's INTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

How do you rate the physical condition of the building's EXTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

Unit # 4 cont.

Did the agent make any of the following comments about the surrounding neighborhood?

a. Noise

- Quiet
- Noisy
- No comment

b. Safety

- Safe/low crime
- Dangerous/high crime
- No comment

c. Schools

- Good
- Poor
- No comment

d. Maintenance/ Services

- Good Services/Amenities
- Poor Services/Amenities
- No comment

e. Race or Ethnicity? Yes No

If **Yes**, please describe: _____

Unit #5 Address:

_____ (number) _____ (street) _____ (unit #)
_____ (city) _____ (state) _____ (zip)

Did you inspect this unit? Yes No

Is this the advertised unit? Yes No

Rent: \$ _____ /month

Date Available: ___/___/___

of Bedrooms: _____

of Bathrooms: _____

How many floors in building? _____

Unit is on what floor? _____

How much of a security deposit is required?

Length of lease available?

- One month's rent
- Two month's rent
- Three month's rent
- Other (*specify*): _____
- Agent did not know
- Security deposit not required

- Month-to-month
- Three month
- Six month
- One year
- Other (*specify*): _____

Which utilities or amenities are included in rent? [check one per line]

	Included	Not Included	Agent did not say	Not Applicable
a. Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Water/sewage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Cable TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Laundry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pool/Health Club	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you rate the physical condition of the unit's INTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

How do you rate the physical condition of the building's EXTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

Unit # 5cont.

Did the agent make any of the following comments about the surrounding neighborhood?

a. Noise

- Quiet
- Noisy
- No comment

b. Safety

- Safe/low crime
- Dangerous/high crime
- No comment

c. Schools

- Good
- Poor
- No comment

d. Maintenance/ Services

- Good Services/Amenities
- Poor Services/Amenities
- No comment

e. Race or Ethnicity? Yes No

If **Yes**, please describe: _____

18. Did the agent tell you that there was a waiting list for the advertised unit or similar units?
 Yes No

18a. Did the agent offer to place your name on the waiting list? Yes No

18b. How many people did the agent say are currently on the waiting list (if applicable)? _____

19. Check if the agent indicated that any of the following were required to obtain a rental unit:

	Required	Not Required	Agent did not Indicate	Agent Didn't Know
a. Application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Credit Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. Specify the name and amount of any fee that the agent indicated was required:

Fees that must accompany application (e.g. Application Processing, Credit Check, Cleaning Fee, etc.)	Amount of Fee
1.	\$
2.	\$
3.	\$
4.	\$
TOTAL FEES	\$

21. Were you told of any rent specials or other incentives that you would receive if you were to rent a particular property? Yes No

21a. If yes, describe the incentive to renters: _____

22. Were you invited to complete an application? Yes No

23. Complete the grid below regarding any of your qualifications to rent that were requested by the agent. (check only one per line)

Qualification:	Agent Requested	Agent Did Not Request
a. Your marital status		
b. Your family size		
c. Your income		
d. Your spouse's income		
e. Your occupation		
f. Your spouse's occupation		
g. Your length of employment		
h. Your spouse's length of employment		
i. Your debts		
j. Your credit standing		
k. Personal references		
l. Co-signer		
m. other:		

24. Did the agent make any of the following comments regarding your qualifications to rent?

- You are qualified
- You are NOT qualified
- Qualifications not discussed

25. Did the agent suggest that you consider a different rental complex or building than the one in the ad? Yes No

25a. If yes, was the other property also managed by the same agency?

- Yes
- No
- Don't know

26. Were any remarks made by the agent about race or ethnicity (other than neighborhoods surrounding recommended units)? Yes No

If Yes, please describe: _____

27. Were any remarks made by the agent about religion, persons with disabilities, or families with children? Yes No

If Yes, please describe: _____

28. What arrangements were made regarding future contact between you and the agent?

The agent said that he/she would contact you

The agent invited you to call him/her

Future arrangements were not made

Other (*specify*): _____

29. Date/Time of Site Visit Report completion:

AM

Date (month/day/year): ____/____/____

Time ____:____ PM

STATEMENT OF TESTER

I prepared this test report form and attest by my signature below that it is, to the best of my recollection, a true and accurate account of the events that took place during a test in which I participated:

Signature

8. Did the agent decline to meet with you today? Yes No

8a. If yes, why? _____

(NOTE: if you are able to make an appointment for a later time, then stop here and fill out the Site Visit Report Form after your appointment)

9. Using the numbers from Question 6, enter the number of the person or persons you met with to discuss housing options: [enter line # for person 1]
 [enter line # for person 2 if applicable]

10. How many minutes did you wait to meet with someone (i.e. between the time you were greeted by someone at the firm when you entered and the time you met with the agent)?
_____ minutes

11. When you asked about the availability of the home in the Ad, what were you told?
 Home is available
 Home is not available
 The status of the home was not known
 Something else (*specify*): _____

12. Were there any other homes recommended to you that had the same # of bedrooms as the advertised home?
 Yes
 No
 Agent did not know

13. Were there any other homes recommended to you that had a different # of bedrooms than the advertised home, but would still meet your needs?
 Yes
 No
 Agent did not know

14. Not including the requested advertised home, how many available homes did the agent offer for your review? (*This # includes homes inspected as well as any homes offered to you in a list or other format*)
_____ Homes

15. At any time during your visit, did an agent comment on or make reference to Fair Housing Laws?
 Yes
 No

16. Based on your observations and the remarks of the agent, indicate below the sources used to select properties for your review:

- Multiple listings book(s)
- Home seeker guides/magazines
- Computer
- Internet website - (*specify*): _____
- Other printed sheet
- File cards
- Scraps of paper
- Other (*specify*): _____
- None

17. Did one agent refer you to another agent who provided service to you? Yes No

17a. If yes, were you referred to an agent within the same agency? Yes No

17b. If you were referred, using the numbers from Question 6, enter the number of the person

to whom you were referred: [enter line #]

18. Was the agent's role described to you as being one of the following:

- Buyer's agent
- Seller's agent
- Dual agent
- Did not disclose

19. Were you *asked* to sign any agreements or documents?

- Yes No

19a. If yes, please specify each below:

	Document Name	Purpose	Did you sign?
1.			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.			<input type="checkbox"/> Yes <input type="checkbox"/> No
3.			<input type="checkbox"/> Yes <input type="checkbox"/> No
4.			<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Did the agent ask if you had already visited a lender or been pre-qualified for financing?

- Yes No

21. Did the agent tell you that you must go to a lender or be pre-qualified for financing before looking at homes?

- Yes No

22. Complete the grid below regarding any of your qualifications to purchase a house that were requested by the agent at any point. *(check only one per line)*

Qualification:	Agent Requested	Agent Did Not Request
a. Your marital status		
b. Your family size		
c. Your income		
d. Your spouse's income		
e. Your occupation		
f. Your spouse's occupation		
g. Your length of employment		
h. Your spouse's length of employment		
i. Your savings/assets		
j. Your debts		
k. Credit standing		
l. Amount available for downpayment		
m. Reason for moving		
n. other:		

23. Did the agent make any of the following comments regarding your qualifications to buy a home?
 You are qualified
 You are NOT qualified
 Qualifications not discussed

24. Did the agent volunteer to help you find financing?
 Yes No

25. Did the agent suggest one or more mortgage companies, lenders, or brokers?
 Yes No

25a. If yes, please list them below:

	Mortgage Company/Firm	Lender/Broker Name	City	Telephone
1.				
2.				
3.				
4.				

26. Did the agent discuss the type of financing that might be available to you?

Yes No

26a. If yes, please indicate which types of financing the agent discussed or mentioned by filling out the grid below: [check one per line]

	Agent Discussed	Agent did not mention
a. Conventional Fixed Rate Financing (non FHA)		
b. Conventional Adjustable Rate Financing (ARM)		
c. FHA or VA Financing		
d. Other government financing (state or local) (specify): _____		
e. Other (specify): _____		

27. During the visit, did anyone pre-qualify you or calculate for you the amount of financing that you could afford using your specific financial information (income, debts, and assets)?

Yes No

27a. If yes, using the numbers from Question 6, enter the number of the person who provided

you with the information on the amount of financing you could afford: [enter line

#] 27b. If yes, was this person?

- The agent who was providing housing information to you
- An in-house mortgage specialist
- A lender by telephone
- Someone else

28. Home Price:

Did the agent suggest a house price or price range that you should consider?

Yes No

28a. If yes, what was the total home price?

\$ _____ (lowest) \$ _____ (highest)

29. Loan/Mortgage Amount:

Did the agent suggest a mortgage amount (\$ borrowed) or range that you should consider?

Yes No

29a. If yes, what was the total loan amount?

\$ _____ (lowest) \$ _____ (highest)

30. Interest Rates:

Did the agent mention interest rates for mortgage loans?

Yes No

30a. If yes, what were the interest rates mentioned?

_____ % (lowest) _____ % (highest)

NEIGHBORHOOD INFORMATION

34. Did the agent discuss or make comments about neighborhoods or areas (other than those surrounding recommended/inspected homes)?

- Yes - Complete Question 35 for up to 5 areas discussed
- No - Skip to Question 36

35. INFORMATION ABOUT NEIGHBORHOODS/AREAS DISCUSSED

Neighborhood/Area #1 Name of Area: _____

This area is a: County Town or City School District
 Neighborhood Don't know

Did the agent make any of the following comments about this area?

- | | | |
|-------------------------------------|---|-------------------------------------|
| a. Noise | b. Safety | c. Schools |
| <input type="checkbox"/> quiet | <input type="checkbox"/> safe/low crime | <input type="checkbox"/> good |
| <input type="checkbox"/> noisy | <input type="checkbox"/> dangerous/high crime | <input type="checkbox"/> poor |
| <input type="checkbox"/> no comment | <input type="checkbox"/> no comment | <input type="checkbox"/> no comment |

- | | |
|--|---|
| d. Investment | e. Public Services |
| <input type="checkbox"/> rising values/good investment | <input type="checkbox"/> good services/amenities |
| <input type="checkbox"/> flat values/not much appreciation | <input type="checkbox"/> poor/unreliable services |
| <input type="checkbox"/> declining values/depreciation | <input type="checkbox"/> no comment |
| <input type="checkbox"/> no comment | |

f. Race or ethnicity? Yes No
If yes, please describe: _____

Neighborhood/Area #2 Name of Area: _____

This area is a: County Town or City School District
 Neighborhood Don't know

Did the agent make any of the following comments about this area?

- | | | |
|-------------------------------------|---|-------------------------------------|
| a. Noise | b. Safety | c. Schools |
| <input type="checkbox"/> quiet | <input type="checkbox"/> safe/low crime | <input type="checkbox"/> good |
| <input type="checkbox"/> noisy | <input type="checkbox"/> dangerous/high crime | <input type="checkbox"/> poor |
| <input type="checkbox"/> no comment | <input type="checkbox"/> no comment | <input type="checkbox"/> no comment |

- | | |
|--|---|
| d. Investment | e. Public Services |
| <input type="checkbox"/> rising values/good investment | <input type="checkbox"/> good services/amenities |
| <input type="checkbox"/> flat values/not much appreciation | <input type="checkbox"/> poor/unreliable services |
| <input type="checkbox"/> declining values/depreciation | <input type="checkbox"/> no comment |
| <input type="checkbox"/> no comment | |

f. Race or ethnicity? Yes No
If yes, please describe: _____

Neighborhood/Area #3

Name of Area:

This area is a:

- County Town or City School District
 Neighborhood Don't know

Did the agent make any of the following comments about this area?

- a. Noise b. Safety c. Schools
 quiet safe/low crime good
 noisy dangerous/high crime poor
 no comment no comment no comment
- d. Investment e. Public Services
 rising values/good investment good services/amenities
 flat values/not much appreciation poor/unreliable services
 declining values/depreciation no comment
 no comment

f. Race or ethnicity? Yes No

If yes, please describe: _____

Neighborhood/Area #4

Name of Area:

This area is a:

- County Town or City School District
 Neighborhood Don't know

Did the agent make any of the following comments about this area?

- a. Noise b. Safety c. Schools
 quiet safe/low crime good
 noisy dangerous/high crime poor
 no comment no comment no comment
- d. Investment e. Public Services
 rising values/good investment good services/amenities
 flat values/not much appreciation poor/unreliable services
 declining values/depreciation no comment
 no comment

f. Race or ethnicity? Yes No

If yes, please describe: _____

Neighborhood/Area #5

Name of Area: _____

This area is a:

- County Town or City School District
 Neighborhood Don't know

Did the agent make any of the following comments about this area?

a. Noise

- quiet
 noisy
 no comment

b. Safety

- safe/low crime
 dangerous/high crime
 no comment

c. Schools

- good
 poor
 no comment

d. Investment

- rising values/good investment
 flat values/not much appreciation
 declining values/depreciation
 no comment

e. Public Services

- good services/amenities
 poor/unreliable services
 no comment

f. Race or ethnicity? Yes No

If yes, please describe: _____

36. Were any remarks made by the agent about race or ethnicity (other than those regarding specific neighborhoods)? Yes No

If Yes, please describe: _____

37. Were any remarks made by the agent about religion, persons with disabilities, or families with children? Yes No

If Yes, please describe: _____

38. What arrangements were made regarding future contact between you and the agent?

- The agent said that he/she would contact you
- The agent invited you to call him/her
- Future arrangements were not made
- Other (*specify*): _____

39. Date/Time of Site Visit Report completion:

Date (month/day/year): ____/____/____

Time ____:____ AM
 PM

PLEASE REMEMBER TO COMPLETE A RECORD OF RECOMMENDED HOMES FOR EACH HOME RECOMMENDED.

STATEMENT OF TESTER

I prepared this test report form and attest by my signature below that it is, to the best of my recollection, a true and accurate account of the events that took place during a test in which I participated:

Signature

RECORD OF RECOMMENDED HOMES

(Complete one form for each address recommended or inspected)

1. Full Address of Home

(number)

(street)

(unit)

(city or town)

(state)

(zip code)

2. Basic Information

- a. Is this the advertised home?
- b. Did you inspect the home?
- c. How many bedrooms were in the home?
- d. What was the current asking price?

First Site Visit

- Yes No
- Yes No

Second Site Visit

- Yes No
- Yes No

IF HOME WAS INSPECTED ON EITHER VISIT:

3. What type of building is it?

- Single-family detached
- Duplex
- Rowhouse or Townhouse
- Multi-family structure

4. Is this a newly built home that has never been occupied?

- Yes
- No

5. How do you rate the physical condition of the home's INTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

6. How do you rate the physical condition of the home's EXTERIOR?

- Clean and in excellent repair, move-in condition
- Some cleaning and minor maintenance needed, adequate
- Very dirty and in need of substantial maintenance, serious problems

7. Did the agent make any of the following comments about the surrounding neighborhood?

a. Noise

- Quiet
- Noisy
- No comment

b. Safety

- Safe/low crime
- Dangerous/high crime
- No comment

c. Schools

- Good
- Poor
- No comment

d. Investment

- Rising values/good investment
- Flat values/not much appreciation
- Declining values/depreciation
- No comment

e. Public Services

- Good Services/Amenities
- Poor Services/Amenities
- No comment

f. Race or ethnicity?

- Yes No

If Yes, please describe:
