

Housing Discrimination is **ILLEGAL**



**YORK CITY HUMAN
RELATIONS COMMISSION**
368 W. Princess St.
York, PA 17401
(717) 846-2926
FAX (717) 845-4853

Housing and commercial property may not be withheld because of unlawful discrimination based on:

- Race
- Color
- Sex
- Religion
- National Origin
- Ancestry
- Handicap/Disability
- Support Animals
- Age
- Pregnancy
- Familial Status
- Sexual Orientation
- Retaliation

For more information on your rights in housing, employment or public accommodation, call the York City Human Relations Commission at 846-2926 or visit www.yorkcity.com.

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368 W. Princess Street
York, PA 17401



Equal Opportunity

YORK CITY HUMAN RELATIONS COMMISSION

Fair Housing Practices are guaranteed by federal, state and local laws. The York City Human Relations Commission investigates and enforces the York City Human Relations Ordinance to ensure local housing rights are protected.

According to these laws, it is unlawful, because of any person’s race, color, religious creed, sex, ancestry, national origin, handicap, disability, use of support animals, sexual orientation or familial status to:

- Refuse to sell, lease, sublease, rent, assign or otherwise transfer the title, leasehold or other interest in any housing unit or deny or withhold the furnishing of services in connection therewith from any person, refuse to finance or otherwise withhold housing or commercial property.
- Discriminate in the terms or conditions of selling, leasing, financing, or in providing facilities, services or privileges in connection with the ownership, occupancy or use of any housing or commercial property.
- Print or otherwise circulate any statement indicating a preference or limitation, or make any inquiry or record in connection with the sale, lease or financing of any housing or commercial property.

It is also unlawful to:

- Evict or attempt to evict an occupant of any housing unit before the end of a lease because of pregnancy or birth of a child.
- Engage in practices which attempt to induce the listing, sale or other transaction, or discourage the purchase or lease of housing or commercial property by making direct or indirect inquiries as to the present or future composition of the neighborhood in which such a facility is located.

HOUSING DISCRIMINATION COMPLAINT

YORK CITY HUMAN RELATIONS COMMISSION
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(717) 846-2926 FAX (717) 845-4853

Please type or print this form.

1. NAME of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.) HOME PHONE () () () BUSINESS PHONE () () ()

STREET ADDRESS (City, County, State and Zip Code)

2. AGAINST WHOM IS THIS COMPLAINT BEING FILED? Name (last name, first name, middle initial) PHONE NUMBER () ()

STREET ADDRESS (City, County, State and Zip Code)

Check the applicable box or boxes which describe(s) the party named above:

Builder Owner Broker Salesperson Superintendent or Manager Bank or other Lender Other ()

If you named an individual above who appeared to be acting for a company in this case, check this space ___ and write the name and address of the company:

Name of Company _____ Address of Company _____

Name and identify others (if any) you believe violated the law in this case: _____

3. What did the person you are complaining against do? Check all that apply and give the most recent date these act(s) occurred in block 6 a.

- Refuse to rent, sell or deal with you Falsely deny housing was available Engage in blockbusting Discriminate in broker's services
- Discriminate in the conditions or terms of sale, rental occupancy, or in services or facilities Advertise in a discriminatory way Discriminate in financing Intimidated, interfered, or coerced you to keep you from the full benefit of the Federal Fair Housing Law
- Other (explain) _____

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, national origin, age, sexual orientation, the presence of children under 18, a pregnant female or the use of a guide or support animal? Check all that apply.

- Race or color Religion (Specify) Sex Handicap Familial Status National Origin
- Black White Other Physical Presence of Children under age 18 in family Hispanic American Asian or Pacific Islander Indian or Alaskan Native Pregnant female Other

5. What kind of house or property involved?

- Single family house
- A house of buildings for two units or three or more units
- Commercial property

Did the owner live there?

- Yes
- No
- Unknown

Is the house or property

- Being sold?
- Being rented?

What is the address of the house or property? (Street, City, County, State and Zip Code)

6. Summarize in your own words what happened. Use this space for a brief and concise statement of facts. Additional details may be submitted on an attachment.

6a. When did the act(s) check in item 3 occur? (Include the most recent date if several are involved)

7. I declare under penalty of perjury that I have read this complaint (including any attachments) and that it is true and correct.

Signature and Date: _____

Fold and seal with tape