

## FAIR HOUSING OVERVIEW WEBINAR WORKSHEET

State Form 57078 (2-21)
INDIANA CIVIL RIGHTS COMMISSION



## **INSTRUCTIONS:**

View the Indiana Civil Rights Commission's Fair Housing Webinar at: <a href="http://www.youtube.com/watch?v=qKCBbfM9bi0&feature=youtu.be">http://www.youtube.com/watch?v=qKCBbfM9bi0&feature=youtu.be</a>
Each trainee must personally complete this worksheet while viewing the webinar, sign the Affirmation of Completion section, and submit the completed worksheet to the ICRC by e-mail to <a href="mailto:Compliance@icrc.in.gov">Compliance@icrc.in.gov</a>, or by mail to: Indiana Civil Rights Commission, 100 North Senate Ave. Room N300, Indianapolis, IN 46204. Include the <a href="mailto:case name and the docket number">case name and the docket number</a> or your training completion may not be recorded. Organizations with multiple trainees may submit their completed worksheets together. After the ICRC receives and reviews your worksheet, you will be issued a certificate of completion.

Your name		Date (month, day, year)	
Name of your organization (if you are being trained in your capacity as an employer / employee)			
Case name D		Docket number	
1. "Fair Housing" is based on the premise that housing should be a			
2. The Indiana Civil Rights Law prohibits discrimination in housing, regardless of the number of units owned by the Respondent.  A. True B. False			
3. "Protected classes" are the bases on account of which discrimination is unlawful. Which of the following is NOT a protected class under the Indiana Fair Housing Act?  A. Disability  B. Color  C. Religion  D. Marital Status			
4. TI	he word "disability" in the Indiana Fair Housing Act refers to each of the	se three circumstances:	
a.	a. A or impairment which substantially limits one or more of a person's major life activities;		
b.	The individual has a (i.e. history of) suc	h an impairment, even if not impaired now;	
C.	The individual is, in the eyes of the Respondent,	having such an impairment, even if not impaired now.	
5. "F (v	(via pregnancy; current or pending legal custodianship, adoption, or fosterhood; or written permission of the legal custodian).		
	Which of the following are prohibited activities under the Indiana Fair Housing Act when done "based on" race, color, religion, sex, national origin, disability, or familial status?		
		enting availability	
	ccupancy limitations are "unreasonable" when they are based on:	bove	
	A. the number of persons per room or per unit, without respect to square footage		
8. A	8. A tenant with a disability requesting to have a parking fee waived for a home health care aide is an example of a "reasonable accommodation" to a landlord's policy.  A. True  B. False		
9. A	landlord can be required to pay for "reasonable modifications" (structur	al changes) to common areas.	
10. W [	/hat would be considered a discriminatory advertisement?  A. An advertisement that states a preference for a specific race  C. An advertisement that states it is "conveniently located next to [X]	B. An advertisement posted only in black neighborhoods church" ☐ D. All are discriminatory ☐ E. None are discriminatory	
	arassment based on race, color, religion, sex, national origin, disability,  A. True  B. False	or familial status is prohibited under the Indiana Fair Housing Act.	
	/ho can file a complaint of discrimination? ]A. An aggrieved party	C. Testers D. All of the above E. None of the above	
m B	he Indiana Fair Housing Act requires that "covered multifamily dwellings seet certain "accessibility" requirements. (See IC 22-9.5-5-5). These req uildings with four (4) or more units, without an elevator, must have "acc	" designed and constructed for first occupancy after March 13, 1991 must uirements do not apply to buildings containing three (3) or fewer units. essible" ground floor units. For buildings with elevators,	
15. W	/hat is something you learned from this webinar that you did not know p	reviously?	
AFFIRMATION OF COMPLETION			
I hereby affirm, under penalty of perjury that I watched the training video referenced above and completed the above Worksheet.			
Signature of Trainee Date (month, day, year)			