

Housing Discrimination Complaint

00-3016

and Urban Development
Office of Fair Housing
and Equal Opportunity

FHIP Initiated

OMB Approval No. 2529-0011 (Exp. 09/30/95)

Please type or print this form - Do not write in shaded area

Public Reporting Burden for this collection of information is estimated to average 1.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2529-0011), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

Instructions: Read this form and the instructions on reverse carefully before completing. All questions should be answered. However, if you do not know the answer or if a question is not applicable, leave the question unanswered and fill out as much of the form as you can. Your complaint should be signed and dated. Where more than one individual or organization is filing the same complaint, and all information is the same, each additional individual or organization should complete boxes 1 and 7 of a separate complaint form and attach it to the original form. Complaints may be presented in person or mailed to the Regional Office covering the State where the complaint arose (see list on back of form), any local HUD Field Office, or to the Office of Fair Housing and Equal Opportunity, U.S. Department of HUD, Washington, D.C. 20410.

This section is for HUD use only.

Number: 04-98-2732-8	(Check / applicable box): <input type="checkbox"/> Referral and Agency (specify) <input type="checkbox"/> Systemic <input type="checkbox"/> Military Referral	Jurisdiction: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Additional info	Signature of HUD personnel who established Jurisdiction: <i>[Signature]</i>
Filing Date: 08/28/98			

1. Name of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.) Lunn, Charles J. Jr. & Katherine F. (Mr. & Mrs.)	Home Phone: (407) 784-8125	Business Phone: ()
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Street Address (city, county, State and zip code)
220 Diplomat Blvd., #17, Cocoa Beach, Brevard County, Florida 32931

2. Against whom is this complaint being filed? Name (last name, first name, middle initial) Goodwin, Nancy	Phone Number: (407) 783-2402
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Street Address (city, county, State and zip code)
3150 N. Atlantic Ave., Cocoa Beach, Brevard County, Florida 32931

Check the applicable box or boxes which describe(s) the party named above
 Builder Owner Broker Salesperson Supt. or Manager Bank or Other Lender Other: **President**

If you named an individual above who appeared to be acting for a company in this case, check this box and write the name and address of the company in this space:
 Name: **The Diplomat Apartment Association, Inc.** Address: **3150 N. Atlantic Ave., Cocoa Beach, Florida**

Name and identify others (if any) you believe violated the law in this case
The Diplomat Board of Directors

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 No. 6a below.

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

4. Do you believe that you were discriminated against because of your race, color, religion, sex, handicap, the presence of children under 18, or a pregnant female in the family or your national origin? Check / all that apply:

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input type="checkbox"/> Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Handicap <input checked="" type="checkbox"/> Physical <input type="checkbox"/> Mental	<input checked="" type="checkbox"/> Familial Status <input checked="" type="checkbox"/> Presence of children under 18 in the family <input type="checkbox"/> Pregnant female	<input type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other (specify)
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5. What kind of house or property was involved? <input type="checkbox"/> Single-family house <input type="checkbox"/> A house or building for 2, 3, or 4 families <input checked="" type="checkbox"/> A building for 5 families or more <input type="checkbox"/> Other, including vacant land held for residential use (explain)	Did the owner live there? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	Is the house or property: <input checked="" type="checkbox"/> Being sold? <input type="checkbox"/> Being rented?	What is the address of the house or property? (street, city, county State and zip code) 220 Diplomat Blvd., #17 Cocoa Beach, Brevard County Florida, 32931
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6. Summarize in your own words what happened. Use this space for a brief and concise statement of the facts. Additional details may be submitted on an attachment. Note: HUD will furnish a copy of the complaint to the person or organization against whom the complaint is made.

I, Charles Lunn, requested a reasonable accommodation, because of by disability, not to have my condo sprayed by the pest control services, but have been refused by the Diplomat Apartment Association Inc. and the Board of Directors. The Association also have rules that discriminate against children and steering families with children to certain buildings within the complex. I am being sued by the Association for violating their rules.

6a. When did the act(s) checked in Item 3 occur? (Include the most recent date if several dates are involved)
March 6, 1998 (on-going)

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:
[Signature] **March 6, 1998**

Previous edition, dated, 11/92, may not be used; other editions may be used until stock is exhausted.

Form HUD-903 (1/95) ref Handbook 802C

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