

Filing a Discrimination Complaint

U.S. Department of Housing and Urban Development
Office of Fair Housing and Equal Opportunity

00-0403

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

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

The 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 Office, 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 to a question, 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 2 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.

Complaint Number:	(Check <input checked="" type="checkbox"/> 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:
Filing Date:			

Name of aggrieved person or organization (last name, first name, middle initial) (Mr., Mrs., Miss, Ms.)
ESHELMAN, DAVID R. MR

Home Phone: **941-723-9840** Business Phone:

Street Address (city, county, State and zip code)
4312 PINFISH LANE PALMETTO FL 34221

Against whom is this complaint being filed? Name (last name, first name, middle initial)
MR & MRS JOHN & MARGE BOGGESS

Phone Number: **941 722-7438**

Street Address (city, county, State and zip code)
3100 10th STREET WEST, PALMETTO FL 34221

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

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: **TROPIC ISLES MOBILE HOME PARK & YACHT CLUB** Address: **3100 10th STREET WEST PALMETTO FL 34221**

Name and identify others (if any) you believe violated the law in this case
GERALD VORBECK, WAYNE RICKERT

TROPIC ISLES MOBILE HOME SALES, RESALE HOME NETWORK

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.

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) **IF SOMEONE BUYS OR SELLS WITH TROPIC ISLES MOBILE HOME SALES**

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: **YOU WILL BE ADMITTED TO PARK AT ANY AGE.**

<input type="checkbox"/> Race or Color <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Religion (specify)	<input checked="" 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 checked="" type="checkbox"/> National Origin <input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American <input type="checkbox"/> Indian or Alaskan Native <input checked="" type="checkbox"/> Other (specify) AGE
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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 type="checkbox"/> A building for 5 families or more <input checked="" type="checkbox"/> Other, including vacant land held for residential use (explain) MOBILE HOME	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) 184 BIMINI DR PALMETTO, FL. 34221
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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.

PARK MANAGER REFUSED ADMITTANCE IN TO PARK TO FOUR BUYERS BASED ON THE FACT TROPIC ISLES IS A 55 AND OVER PARK. IN ALL OUR SALES THE MANAGER WOULD NOT ADMITTE ANY BUYERS UNDER THE 20% RULE

6a. When did the act(s) checked in Item 3 occur? (include the most recent date if several dates are involved)
MAY-1997-JULY, NOV, DEC 1997

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] 19 JUNE 1998**