

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Administration

OMB Approval No. 2535-0113
(exp. 10/31/2006)

* Program Title:

Component Name:

Grantee/Recipient Name:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

* Grantee Reporting Organization:

Reporting Period * From (mm/dd/yyyy):

* To (mm/dd/yyyy):

Racial Categories	* Total Number of Race Responses	* Total Number of Hispanic or Latino Responses
American Indian or Alaska Native	99999	99999
Asian	99999	99999
Black or African American	99999	99999
Native Hawaiian or Other Pacific Islander	99999	99999
White	99999	99999
American Indian or Alaska Native and White	99999	99999
Asian and White	99999	99999
Black or African American and White	99999	99999
American Indian or Alaska Native and Black or African American	99999	99999
** Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the lines below]		
Description	Total Other Racial Comb.	% Other Racial Comb. Total Hispanic or Latino Responses
	99999	999 99999
	99999	999 99999
	99999	999 99999
Balance of individuals reporting more than one race		99999 99999
* Total:		99999 99999
** If the aggregate count of any reported multiple race combination that is not listed above exceeds 1% of the total population being reported, you should separately indicate the combination. See detailed instructions under "Other multiple race combinations."		