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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		
Asian		
Black or African American		
Native Hawaiian or Other Pacific Islander		
White		
American Indian or Alaska Native and White		
Asian and White		
Black or African American and White		
American Indian or Alaska Native and Black or African American		

** 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
Balance of individuals reporting more than one race			
* **Total:**			

** 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."

form **HUD-27061** (10/2003)