

**Race and Ethnic Data Reporting Form**

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

OMB Number: 2535-0113  
Expiration Date: 06/30/2013

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			
<b>** Other multiple race combinations greater than one percent: [Per the form instructions, write in a description using the lines below]</b>			
Description	Total Other Racial Comb.	% Other Racial Comb.	Total Hispanic or Latino Responses
Balance of individuals reporting more than one race			
<b>Total:</b>			

**\*\*** 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."