

Race and Ethnic Data Reporting Form

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

OMB Number: 2535-0113
Expiration Date: 01/31/2015

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." | | | |