Ethnicity & Race Data Collection Form

Neighborhood Stabilization Program

Type of Assistance or Program Title

**Property Address**

**This form is for the following Household Member:**

**(Print) Name of Head of Household**

MaleFemale

**Female Head of Household?**

Yes  No

|  |  |
| --- | --- |
| Ethnic Categories\* | **Select One** |
| Hispanic or Latino |  |
| Not-Hispanic or Latino |  |
| Racial Categories\* | **Select All that Apply** |
| American Indian or Alaska Native |  |
| Asian |  |
| Black or African American |  |
| Native Hawaiian or Other Pacific Islander |  |
| White |  |
| Other |  |

**There is no penalty for persons who do not complete this form. “Initial here” if you choose not to disclose race and ethnicity information for the above Household Member:** **\_\_\_ \_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature of above Household Member Date