

**My HOME II
MORTGAGE SETTLEMENT PROGRAM
(Home Buyer Assistance)
Equal Opportunity Data Collection**

Borrower: _____ **Co-Borrower:** _____

Because of your applying for assistance to a program that will use Federal HOME funds, the Agency providing the assistance is required to obtain the following information from the Head of the Household for statistical purpose only to determine whether the benefits of this program are being made available to all persons on a non-discriminatory basis.

To be completed by the Head of the Household only:

What is your gender? Male: _____ Female: _____

Are you a person with a disability? Yes: _____ No: _____

Are you a person age 62 or older? Yes: _____ No: _____

Are you a female head of household? Yes: _____ No: _____

Are you a Military Veteran? Yes: _____ No: _____

What is your Race? Do you identify yourself as (select one or more)?

_____ American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

_____ Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

_____ Black or African American: A person having origins in any of the black racial groups of Africa.

_____ Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ White

What is your Ethnicity? Do you identify yourself as (select only one):

_____ Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".

_____ Not Hispanic or Latino: A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

CERTIFICATION OF APPLICANT

The Applicant certifies that all information stated regarding their status as Head of Household is true, complete and to the best of the Applicant's belief.

SIGNED _____

DATE _____