

EQUAL OPPORTUNITY DATA COLLECTION SELF CERTIFICATION FORM

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 to 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 un 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

____ Black or African American & White

____ American Indian or Alaska Native & Black or African American

____ More than race selected (not listed above)

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 the Head of Household is true compete to the best of the Applicant's belief.

SIGNED _____ **DATE** _____