

DELAWARE NEIGHBORHOOD STABILIZATION PROGRAM

Equal Opportunity Data Collection

Because you are applying for assistance to a program that will use Federal NSP funds, the Agency providing the assistance is required to obtain the following information from the Head of the Household for statistical purposes 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

_____ Asian

_____ Black or African American

_____ Native Hawaiian or Other Pacific Islander

_____ White

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

_____ Hispanic or Latino

_____ Not Hispanic or Latino

Choose not to respond:

CERTIFICATION OF APPLICANT

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

SIGNED _____

DATE _____