

**City of Pasco**  
**Household Information Form**  
 (Please fill out one per household)

HUD Community Development Block Grant Funds make it possible for us to provide housing assistance for Pasco residents. Funding is limited and awarded on a first-come, first income eligible basis.

**Household size:** \_\_\_\_\_ **Please return this completed form with your application:**

<b>E</b>	<b>R</b>	<b>Household Member Full Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>D = Disability (yes or no)</b>	<b>D</b>	

The following information is requested to enable HUD to monitor compliance with Federal Fair Housing and Equal Opportunity Acts. You are encouraged to provide this information. Should you choose not to, please initial where indicated. I do not wish to provide this information \_\_\_\_\_(initials)

**E = Ethnicity (please choose one # per person)**                      1. Not Hispanic                      2. Hispanic

**R = Race (please choose one # per person)**                      1. White                      2. Asian                      3. Asian & White

4. Native Hawaiian/Other Pacific Islander                      5. Black/African American                      6. American Indian/Alaskan Native

7. American Indian/Alaskan Native & White                      8. American Indian/Alaska Native & Black/African American

9. Black/African American & White                      10. Other Multi-racial \_\_\_\_\_

**Are you a sole female head of household?** \_\_\_\_\_ **Adjusted Gross Income for the household?** \_\_\_\_\_  
**Please attach additional HH Info forms if needed.** \_\_\_\_\_

**I certify the information provided is accurate and may be verified by the local or federal government.**

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_ **Message #:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**COP Staff Initials:** \_\_\_\_\_