DEPARTMENT OF BUSINESS AND INDUSTRY – NEVADA HOUSING DIVISION

WEATHERIZATION ASSISTANCE PROGRAM

Race and Ethnic Data Reporting Form

This form is for reporting purposes only

There is no penalty for persons who do not complete the form.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:** Enter the names of each household member in the top row. (If there are more than six persons in the household, please use a second form to include all household members.) Complete the Ethnic Categories by checking either box 1 or 2 for each household member. Complete the Racial Categories by checking any of the applicable boxes in 1 through 5 for each household member. Check “Yes” or “No” to the last two questions. Sign and date the form.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Household Members Name(s)**(Including Head of Household) |  |  |  |  |  |  |
| **Ethnic Categories – Check only one** |  |  |  |  |  |  |
| 1) Hispanic or Latino |  |  |  |  |  |  |
| 2) Not-Hispanic or Latino |  |  |  |  |  |  |
| **Racial Categories – Check all that apply** |  |  |  |  |  |  |
| 1) American Indian or Alaska Native |  |  |  |  |  |  |
| 2) Asian |  |  |  |  |  |  |
| 3) Black or African American |  |  |  |  |  |  |
| 4) Native Hawaiian or Other Pacific Islander |  |  |  |  |  |  |
| 5) White |  |  |  |  |  |  |

**Is Head of Household a women Yes \_\_\_ or No \_\_\_**

**Is Head of Household disabled Yes \_\_\_ or No \_\_\_**

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_