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 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 ____________________________