

4. Match Commitment
 Documentation of match commitment attached: Yes No

E. Beneficiaries (Use codes indicated below)

Unit #	# of Bdrms	# of Occupants	% Med	Household					
				\$ amt of Income	Hispanic Y/N	Race	Size	# of Special Needs Person with a Disability in Household	Household Type
FHA Insured (Y/N)?									

of Bdrms
 0 – SRO/Efficiency
 1 – 1 bedroom
 2 – 2 bedrooms
 3 – 3 bedrooms
 4 – 4 bedrooms
 5 – 5 or more bedrooms

Occupant
 1 – Tenant
 2 – Owner
 9 – Vacant Unit

Household % Med
 1 – 0 to 30%
 2 – 30+ to 50%
 3 – 50+ to 60%
 4 – 60+ to 80%

Race of Head of Household
 11 – White
 12 – Black/African American
 13 – Asian
 14 – American Indian/Alaska Native
 15 – Native Hawaiian/Other Pacific Islander
 16 – American Indian/Alaska Native & White
 17 – Asian & White
 18 – Black/African American & White
 19 – American Indian/Alaska Native & Black/African American
 20 – Other Multi Racial

Household Size
 1 – 1 person
 2 – 2 persons
 3 – 3 persons
 4 – 4 persons
 5 – 5 persons
 6 – 6 persons
 7 – 7 persons
 8 – 8 or more persons

Household Type
 1 – Single, non-elderly
 2 – Elderly
 3 – Single parent
 4 – Two parents
 5 - Other

Assistance Type
 1 – Section 8
 2 – HOME TBRA
 3 – Other federal, state or local assistance
 4 – No assistance