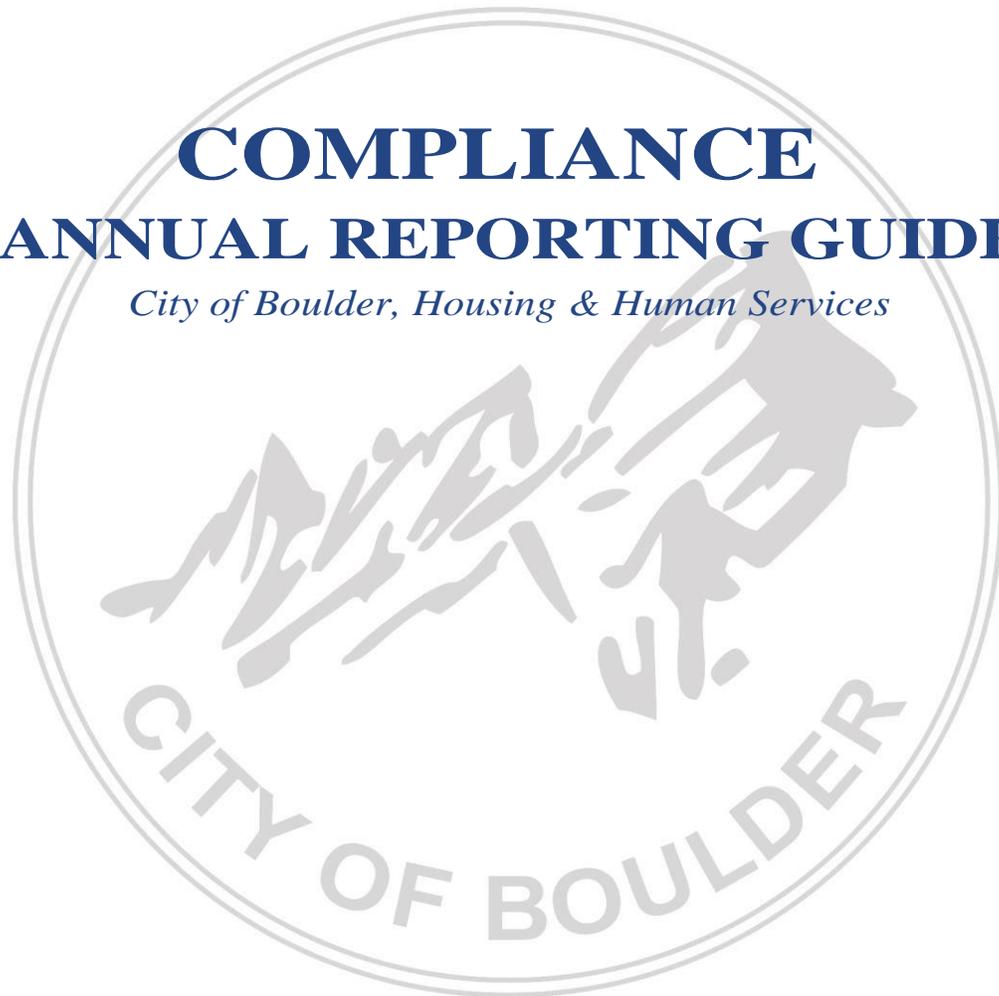


COMPLIANCE ANNUAL REPORTING GUIDE

City of Boulder, Housing & Human Services



Shelly Conley
Housing Sr Compliance Manager
conleys@bouldercolorado.gov
303-441-3231





Purpose

The purpose of the Annual Reporting Guide is to provide guidance on the reporting requirements associated with the City of Boulder, Housing & Human Services supported projects and permanently affordable rental housing units. The guide is designed to help Grantees, Owners and Managers understand the reporting requirements that apply to specific activities, programs and projects.

Ongoing compliance monitoring for permanently affordable units is administered by the Housing Sr Program Manager. Project specific inquiries should be directed to the Housing Project Manager assigned to your project or permanently affordable rental housing property. All Housing personnel can be reached at 303-441-3157.

Reporting Requirements

The City of Boulder requires all Grantees, Owners and Managers of city-supported projects to submit quarterly and annual performance reports. These reports serve as a valuable tool to evaluate progress in meeting specific objectives and ensure compliance with applicable regulations, rules and requirements. The information collected is also used to report outcomes to the U.S. Department of Housing and Urban Development (HUD), Boulder City Council and the community.

QUARTERLY PROGRESS REPORT

The Quarterly Progress Report (Appendix A) is required for all “open” projects that have not yet expended the entirety of the funds awarded to the project. The purpose of the Quarterly Progress Report is to track progress toward satisfying the funding conditions detailed in the executed funding agreement, evaluate progress towards meeting the project objectives and ensure compliant use of all funds.

If the project has executed a funding agreement but has yet to seek reimbursement of any project expenses, it is only necessary to complete **Parts I and II** of the report. In these sections, please describe the project status, any progress made in satisfying funding conditions and critical milestones. If the project is experiencing any complications or obstacles, please provide an overview of these factors and the actions to be taken to address the factors impeding the progress of the project. Please be concise and explicit.

Grantees, Owners and Managers must also complete **Part III** of the Quarterly Progress Report. This section informs the Project Manager how the project is progressing, and the amount of funds expended to date.

The Quarterly Progress Report is due every quarter (four times a year) until the project is completed and all funds have been fully expended. This report must be submitted within thirty (30) days of the end of each quarter. The reporting period and submission timeline is as follows:



Quarterly Report	Reporting Period
First Quarter	January – March (Due 4/30)
Second Quarter	April – June (Due 7/30)
Third Quarter	July – September (Due 10/31)
Fourth Quarter	October – December (Due 1/31)

ANNUAL BENEFICIARY REPORT

Only rental housing properties that provide overnight shelter or short-term transitional housing are required to submit an Annual Beneficiary Report. All *other* rental properties must submit an Annual Tenant Report.

The Annual Beneficiary Report (Appendix B) is required for all community development projects and some rental housing properties that have fully expended all of the funds allocated to the project. This report summarizes the number of households or “beneficiaries” that have benefited from services provided by the project/program. This report must be completed upon completion of the project and annually thereafter. This report must be submitted no later than January 31st of each year.

ANNUAL CERTIFICATION OF COMPLIANCE

As part of our Annual Risk Analysis and Desk Review for the Permanently Affordable Rental Housing Program, the Owner/Property Manager must complete and submit an Annual Certification of Compliance (Appendix C) on an annual basis. This report serves as a snapshot of a property’s compliance with applicable rules. It is required for all permanently affordable rental housing units under Covenant with the City of Boulder.

AFFIRMATIVE MARKETING COMPLIANCE REPORT

The Affirmative Marketing Compliance Report (Appendix D) is a tool used to monitor compliance with Affirmatively Furthering Fair Housing requirements. It is required for all permanently affordable rental housing units under Covenant with the City of Boulder.

ANNUAL TENANT REPORT

All multifamily permanently affordable rental housing properties are required to submit an Annual Tenant Report by January 31st of every year. This report serves as a tool to ensure compliance with the terms outlined in the Covenant and Rental Compliance Manual.

Please see the Annual Tenant Report Process Manual (Appendix E) for additional information on how to complete and submit this report.



ANNUAL VACANCY REPORT

All multifamily permanently affordable rental housing properties are required to submit an Annual Vacancy Report (Appendix F) by January 31st of every year. This report serves as a tool to inform Compliance Staff and the Housing Advisory Board of the reasons why residents vacate permanently affordable rental units throughout the year.

REPORT SUBMISSION

All Grantees, Owners and Property Managers will receive an email within the last two weeks of December to inform and request all required year-end reports. The email will include a copy of the Annual Reporting Guide, copy of required reports and any additional details necessary regarding the reporting requirements specific to the project/program.

It is important to note that all partners are required to complete the reports in the format provided in the email. Once all required reports have been completed, please submit the reports via email to the Housing Sr Program Manager at cit@bouldercolorado.gov.



**City of Boulder
Housing & Human Services**

Office Use Only:
Reviewed by: _____
Review Date: _____

1st Quarter Progress Report

Part I. Project Information

Grantee/Owner Name: _____	Project Name: _____
Staff Completing Report: _____	Phone: _____
Reporting Period: Jan 1 st – Mar 30 th	Report Year: _____ Fund Year: _____ Funding Amount: _____

Part II. Narrative *(Describe project status, note progress satisfying funding conditions)*

Part III. Housing Projects with Covenants *(Projects with housing units only)*

Total # of Units in Project	_____
Total # of Affordable Units in Project	_____
# of Affordable Units Currently Under Construction	_____
# of Affordable Units Completed	_____
# of Affordable Units Sold	_____
# of Units Qualified as Energy Star	_____
# of Units Section 504 Accessible	_____
# of Units Designated for Persons with HIV/Aids	_____
# of Units Designated for Homeless Persons and Families	_____

Provide the following information with regard to all funding SOURCES used to date for this project:

Sources	Total Award	Spent this Quarter	Spent to Date	Balance Remaining



**City of Boulder
Housing & Human Services**

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2nd Quarter Progress Report

Part I. Project Information

Grantee/Owner Name: _____ Project Name: _____

Staff Completing Report: _____ Phone: _____

Reporting Period: Apr 1st – June 30th Report Year: _____ Fund Year: _____ Funding Amount: _____

Part II. Narrative *(Describe project status, note progress satisfying funding conditions)*

Part III. Housing Projects with Covenants *(Projects with housing units only)*

Total # of Units in Project	_____
Total # of Affordable Units in Project	_____
# of Affordable Units Currently Under Construction	_____
# of Affordable Units Completed	_____
# of Affordable Units Sold	_____
# of Units Qualified as Energy Star	_____
# of Units Section 504 Accessible	_____
# of Units Designated for Persons with HIV/Aids	_____
# of Units Designated for Homeless Persons and Families	_____

Provide the following information with regard to all funding *SOURCES* used to date for this project:

Sources	Total Award	Spent this Quarter	Spent to Date	Balance Remaining



**City of Boulder
Housing & Human Services**

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3rd Quarter Progress Report

Part I. Project Information

Grantee/Owner Name: _____ Project Name: _____

Staff Completing Report: _____ Phone: _____

Reporting Period: July 1st – Sept 30th Report Year: _____ Fund Year: _____ Funding Amount: _____

Part II. Narrative *(Describe project status, note progress satisfying funding conditions)*

Part III. Housing Projects with Covenants *(Projects with housing units only)*

Total # of Units in Project	_____
Total # of Affordable Units in Project	_____
# of Affordable Units Currently Under Construction	_____
# of Affordable Units Completed	_____
# of Affordable Units Sold	_____
# of Units Qualified as Energy Star	_____
# of Units Section 504 Accessible	_____
# of Units Designated for Persons with HIV/Aids	_____
# of Units Designated for Homeless Persons and Families	_____

Provide the following information with regard to all funding SOURCES used to date for this project:

Sources	Total Award	Spent this Quarter	Spent to Date	Balance Remaining



**City of Boulder
Housing & Human Services**

Office Use Only:

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4th Quarter Progress Report

Part I. Project Information

Grantee/Owner Name: _____	Project Name: _____
Staff Completing Report: _____	Phone: _____
Reporting Period: Oct 1 st – Dec 31 st Report Year: _____ Fund Year: _____ Funding Amount: _____	

Part II. Narrative *(Describe project status, note progress satisfying funding conditions)*

Part III. Housing Projects with Covenants *(Projects with housing units only)*

Total # of Units in Project	_____
Total # of Affordable Units in Project	_____
# of Affordable Units Currently Under Construction	_____
# of Affordable Units Completed	_____
# of Affordable Units Sold	_____
# of Units Qualified as Energy Star	_____
# of Units Section 504 Accessible	_____
# of Units Designated for Persons with HIV/Aids	_____
# of Units Designated for Homeless Persons and Families	_____

Provide the following information with regard to all funding *SOURCES* used to date for this project:

Sources	Total Award	Spent this Quarter	Spent to Date	Balance Remaining



**City of Boulder
Housing & Human Services**

Office Use Only:
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2020 Annual Beneficiary Report

Grantee/Owner Name: _____	Project Name: _____
Staff Completing Report: _____	Phone: _____
Fund Year: _____	Funding Amount: _____

Section I. Beneficiaries

Total Households Served	_____
Total City of Boulder Households Served	_____
Total Female Head of Households Served	_____
Total Disabled Head of Households Served	_____
Total Senior Head of Households Served	_____

Section II. Housing Projects *(Projects involving rehab, acquisition or new construction only)*

Total # of Units at Start of Project	_____
Total # of Units Expected at Project Completion	_____
Total # of Units Completed	_____

Section III. Race & Ethnicity *(Response must include both race and ethnicity for COB households only)*

Race	Hispanic/Latino	Not-Hispanic/Latino
American Indian/Alaska Native	_____	_____
Asian	_____	_____
Native Hawaiian/Other Pacific Islander	_____	_____
Black/African American	_____	_____
White	_____	_____
Other (Multi-Race)	_____	_____

Section IV. Household Income *(Please report for COB households only)*

Area Median Income	Total Number Served
Total # Extremely Low-Income Households (up to 30% AMI)	_____
Total # Very Low-Income Households (31% to 50% AMI)	_____
Total # Low-Income Households (51% to 68.8% AMI)	_____
Total # of Moderate Income Households (68.9% to 100% AMI)	_____
Total # of Households above (100% AMI)	_____

Please refer to the enclosed chart for information on Boulder AMI limits.



**City of Boulder
Housing & Human Services**

Office Use Only:

Reviewed by: _____

Review Date: _____

2020 Annual Certification of Compliance

Property Name: _____ Address: _____

Reporting Period: January 1, 2019 to December 31, 2019

Section I. Certification

The undersigned hereby certifies that the information presented herein is true and correct to the best of his/her knowledge and that he/she will, if requested, submit documentation in support of such statement. He/she further certifies UNDER PENALTY OF PERJURY that the project meets the compliance requirements as outlined in the Covenant and Rental Compliance Manual.

Representative Name: _____ Title: _____

Email: _____ Phone: _____

Representative Signature: _____

Click here if contact information has changed since submittal of the last report.

Owner: _____ Title: _____

Email: _____ Phone: _____

Owner Signature: _____

Click here if contact information has changed since submittal of the last report.

Part II. Screening & Selecting Applicants

a. Has the Owner/Manager developed and maintained a Tenant Selection Plan specific to the property which describes the methods and procedures for receiving applications and screening applicants for eligibility? If no, please provide an explanation below: Yes No NA

b. The Owner/Manager certifies that all applicants were provided the opportunity to complete an application. If no, please provide an explanation below: Yes No NA

c. Has the Owner/Manager developed and maintained a waiting list in compliance with the requirements outlined in the Rental Compliance Manual? If no, please provide an explanation below: Yes No NA



City of Boulder Housing & Human Services

Part III. Determination of Eligibility

a. Has the Owner/Manager made a proper determination of eligibility of all households upon initial occupancy and annually thereafter upon lease renewal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b. Has the Owner/Manager maintained adequate documentation in each tenant file which demonstrates eligibility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c. Has the Owner/Manager completed third party verification of all sources of income and assets at initial occupancy and every sixth year of the placed in-service date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d. Has the Owner/Manager used tenant self-certification to document eligibility during intervening years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Part IV. General Compliance Requirements

a. Has the Owner/Manager refused to lease a permanently affordable unit to a Section 8 voucher holder or any household that receives a comparable rental housing assistance subsidy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b. Has the Owner/Manager issued any residents with a Termination of Tenancy or Notice of Non-Renewal? If yes, provide an explanation on the Annual Vacancy Report	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c. Does the Owner/Manager maintain a capital reserve account for the property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
d. Does the current lease used by the Owner/Manager of permanently affordable units meet the requirements outlined in the Rental Compliance Manual?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
e. The Owner/Manager certifies that all applicants and tenants were provided the opportunity to self-report their race and ethnicity which is documented in each tenant file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
f. The Owner/Manager certifies that tenant paid rent does not exceed the maximum rent published annually by the City of Boulder.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
g. Were any non-optional fees charged to tenants in addition to rent? If yes, please attach a list of type and amount of fees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
h. The Owner/Manager certifies that a Declaration of Citizenship has been completed by all members of the household occupying HOME-assisted units and maintained documentation in the tenant files.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
i. The Owner/Manager certifies compliance with the city's Student Policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
j. The Owner/Manager compliance with the city's Income & Asset Policy.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
k. For HOME properties, the Owner/Manager certifies compliance with all federal, state and local laws relating to fair housing and equal opportunity, including but not limited to the following: <ul style="list-style-type: none">• The Federal Fair Housing Act• Age Discrimination Act of 1975	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA



City of Boulder Housing & Human Services

- Section 504 of the Rehabilitation Act of 1973
- Americans with Disabilities Act of 1990
- Title VI Civil Rights Act of 1964

Part V. Property Standards

a. During the reporting period, did the Owner/Manager conduct a physical inspection of each permanently affordable unit to ensure that the property continues to meet federal, state and local property standards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b. The Owner/Manager certifies that all units in the property were suitable for occupancy, taking into account local health, safety and building codes.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c. The Owner/Manager certifies compliance with Lead Based Paint regulations at 24 CFR Part 35 and requirements outlined in the Rental Compliance Manual? The Owner/Manager must incorporate ongoing lead-based paint maintenance activities into regular building operations. For HOME rental properties, these include: Regular maintenance and evaluation of the lead hazard reduction work must be performed. The Owner/Manager is responsible for: <ul style="list-style-type: none">• A visual inspection of lead-based paint annually and at unit turnover;• Repair of all unstable paint; and• Repair of encapsulated or enclosed areas that are changed Owners/Manager should request, in writing, that the occupants of permanently affordable rental units monitor lead-based paint surfaces and inform the Owner/Manager of potential lead hazards. A copy of this request should be documented in the tenant file.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Part VI. Reporting Requirements

a. Owner/Manager submitted all required reports to City of Boulder compliance staff in order to be considered active and in good standing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
b. Owner/Manager submitted all reports in the format required by City of Boulder compliance staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
c. Owner/Manager submitted all reports within the timeline required by City of Boulder compliance staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA



City of Boulder
Housing & Human Services

Office Use Only:

Reviewed by: _____

Review Date: _____

2021 Affirmative Marketing Compliance Report

Property Name: _____ Address: _____
 Staff Completing Report: _____ Phone: _____
 # Units: _____ # HOME Units: _____ # Accessible Units: _____

Section I. Resident Data

Demographic Characteristics	Total Number of Residents in 2021
White	
Black or African American	
Asian	
American Indian or Alaska Native	
Native Hawaiian or Other Pacific Islander	
Hispanic or Latino	
Female Head of Household	
Elderly/Senior Head of Household (55+)	
Person with Disabilities	
Families with Children (under age 18)	
Other (<i>specify</i>):	

Part II. General Compliance

- a. Is there an Equal Opportunity Fair Housing Poster prominently displayed in the rental office? Yes No NA
- b. Is the Fair Housing Logo displayed on all applications, program and marketing materials? Yes No NA
- c. Is there a copy of the Owner's Affirmative Fair Housing Marketing Plan (AFHMP) in the office or wherever prospective tenants may apply for rental housing? Yes No NA
- d. Does the Owner/Property Manager regularly review the AFHMP (every five years or when there are significant changes in the demographics of the property or the local market area) to ensure it is current and applicable? Yes No NA
- e. What is the date of the last AFHMP update? _____
- f. Does the Owner/Property Manager use the "Affirmative Marketing Outreach List" provided by the city to market the property? Yes No NA
- g. Of the total number of accessible units in the property, how many are occupied by persons with disabilities? _____



City of Boulder Housing & Human Services

Part III. Tenant Selection Plan

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Does the Owner/Manager have an approved Tenant Selection Plan on site for applicant and tenant review? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| b. Does the project's Tenant Selection Plan include procedures for taking applications, selecting from the waiting list, and policy for opening, closing and maintaining the waiting list? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| c. Does the Tenant Selection Plan include policies for Fair Housing, Section 504, and assigning accessible units? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| d. Does the Tenant Selection Plan include policies for preferences? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Part IV. Property Management Staff Training

- | | | | |
|---|------------------------------|-----------------------------|-----------------------------|
| a. Has the Owner/Property Manager provided training to property management staff regarding fair housing laws and the Affirmative Fair Housing Marketing Plan? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| b. How often does the Owner/Property Manager provide training to property management staff regarding fair housing laws and the Affirmative Fair Housing Marketing Plan? | _____ | | |

Part V. Record-Keeping & Reporting

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Does the Owner/Property Manager maintain a record of Fair Housing Complaints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| b. Does the Owner/Property Manager collect and maintain data on race, ethnicity, gender, age, and disability for applicants? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| c. Does the Owner/Property Manager collect race and ethnicity data from applicants and residents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

Part VI. Owner/Property Manager's Demographic Analysis

- | | | | |
|--|------------------------------|-----------------------------|-----------------------------|
| a. Does any of the demographic data show a low representation of any protected groups in either the properties applicants or residents? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |
| b. What reasons have you identified for these low numbers? <i>(if applicable)</i> | | | |
| c. What actions have been taken to correct the reasons for the low numbers? Please provide documentation of action taken. <i>(if applicable)</i> | | | |
| d. Has the Owner/Property Manager set-up and maintained records to reflect any studies or action taken? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> NA |

APPENDIX E

Annual Tennant Report Process Manual

For the 2019 reporting period, the City of Boulder’s Housing department is implementing a new standardized data collection tool to collect tenant information for individuals who live in affordable housing.

Tenant data will now be collected through a validated google form. Each property manager will receive a unique form that they will input their data into. The unique forms will include prepopulated data such as property name, unit numbers, unit square footage, and # bedrooms to reduce the data collection burden and increase data quality.

The following steps will document how to fill out the form as well as provide column definitions.

1. You will receive a unique google link to a form that collects annual tenant data.



2. **Only add in data for tenant who are currently living in the affordable housing unit.**

Unit Information

1. Once you have the form open start by filling out the “Unit AMI” column. Property name, Unit #, # of Br, and Sq Ft will already be automatically populated.

Project name	Unit #	# of Br	Sq Ft	Unit AMI	Home Unit (Y/N)	# of Adult Students
					▼	

2. The next column requires the property manager to determine if it is a HOME unit. A dropdown menu will appear when the arrow is clicked providing the following choices Y- Yes or N-No.

Home Unit (Y/N)
Y
N

Tenant Demographic Information

This section will capture information on tenant demographics and household assets.

1. Designate how many adult students live in the unit. If a number greater than 0 has been entered into the “# of Adult Students” column the subsequent column “ Student Exception” will require an input

# of Adult Students	Student Exemption (Y/N)
2	1. Yes
0	3. Not applicable

2. Proceed to enter the name of the household in the "HOH Name" column
3. The next 6 columns require standardized entries that have been predefined by the city. Click on the arrow in the cell to see what possible options can be entered. Once the option has been identified, click on it so it populates in the cell.
4. Please review appendix 1 for all categories and definitions.
5. The next column is "HH size". Please enter the size of the household.

HH Size
2

Tenant Income/Asset Information

This section will capture information about the income and assets of the tenant.

1. Enter the household annual income in the "Annual HH Income" Field
2. Enter all assets of the household.

Please note that Asset are now broken down into 4 columns:



Asset Amount: Cash, Checking, Savings, Money Market	Asset Amount: Pension, 401K, Retirement Fund	Asset Amount: Other Liquid Assets (Stocks/Bonds)	Asset Amount: Other Non-Liquid Assets
---	--	--	---

3. Document in the "Residential Real Estate Asset" if the tenant owns residential property. There are two options to choose, either yes or no.

Tenant Rent Paid/Occupancy

This section captures information on the amount of rent paid, subsidies received and the date of initial occupancy.

1. Please enter amount that are specific to each column. A sum of total will automatically calculate.

Tenant Paid Rent	Rental Subsidy	Utilities	NonOptional Charges (Amenities)	Total
\$800.00	\$100.00	\$50.00	\$10.00	\$960.00

2. Enter the date that the tenant initially occupied the unit in the following format "mm/dd/yy"

Additional Guidance

The form includes validated fields which means that if information is entered incorrectly it will throw an error. Errors can be identified by a red mark in the top right corner of the cell that is presenting an issue. Once the form is complete, please notify your city of Boulder compliance manager.

Appendix 1

Demographic columns:

Column Name	Categories (definitions)
HOH Type:	Single Married Single Parent Male Single Parent Female
HOH is Disabled:	Yes No
HOH: Is Senior/Elderly (62+):	Yes No
Race:	American Indian or Alaska Native Asian Black or African American Native Hawaiian/ Other Pacific Islander White Refused
Ethnicity:	Hispanic Non-Hispanic Refused
HOH Occupation :	Service (waiter, cook, customer service etc.) Management (administrator, manager etc.) Technical/Trade (construction, technician, driver, etc.) Self-employed (owns own business etc.) Unemployed (no current job) Retired (not working due to being retired) Other Disabled Professional (sales, legal assistant, engineer, analyst etc.) Education (teacher, professor, etc.) Medical (Doctor, Nurse Health professional etc.)



EQUAL HOUSING
OPPORTUNITY

