



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 71.7% AMI)	_____
Total # of Moderate Income Households (71.8% to 100% AMI)	_____
Total # of Households above (100% AMI)	_____

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