

Assessment of Household Demographics

Property Name: _____ Unit #: _____

Family Name: _____

Oregon Housing and Community Services (OHCS) requests the following information to comply with the Housing & Economic Recovery Act (HERA) of 2008, which requires housing finance agencies (HFAs) to collect demographic data from all Low-Income Housing Tax Credit (LIHTC) properties and submit the data to the U.S. Department of Housing & Urban Development (HUD).

Although OHCS would appreciate receiving this information, there is no penalty to households who chose not to. However, all household members must sign and date at the bottom of this form as proof that the option to disclose their demographic information was made available. Adult members will sign/date on behalf of minors.

Use following Race codes to complete the table below:

- | | | |
|-----------------------------|---|-------------------------------------|
| A = Asian | AIND = Asian Indian | ACH = Chinese |
| AF = Filipino | AJ = Japanese | AK = Korean |
| AV = Vietnamese | AO = Asian Other | AI = American Indian/Alaskan Native |
| B = Black/African American | NH = Native Hawaiian/Other Pacific Islander | PNH = Native Hawaiian |
| PGC = Guamanian or Chamorro | PS = Samoan | PO = Pacific Islander Other |
| O = Other | W = White | |

Use the following Ethnicity codes to complete the table below:

- | | |
|--|---|
| H = Hispanic or Latino | N = Not Hispanic or Latino |
| PR = Puerto Rican | C = Cuban |
| MAC = Mexican, Mexican American, Chicano/a | O = Another Hispanic, Latino/a, or Spanish Origin |

Disability Status:

Per the [Fair Housing Act](#), individuals with mental or physical impairments that substantially limit one of more major life activities are considered to have a disability. Please refer to [24 CFR 100.201](#) for the definitions of mental or physical impairments, as well as other terms commonly referred to within the Act.

Enter applicable Race and Ethnicity codes for each household member: (Use additional forms if more space is needed)

Last Name	First Name	Race Code	Ethnicity Code	Disabled Yes / No	Decline (initial)
Example: Kai	Leilani	PNH	N	No	

_____ Signature Head of Household	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date	_____ Signature	_____ Date