

Ethnicity and Race Form

Information For Government Monitoring Purposes

Name of Owner _____

Name of Co-Owner _____

Owner	Co-Owner
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information
Ethnicity	Ethnicity
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
Race	Race
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> American Indian/Alaska Native & White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Asian and White	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Black/African American and White	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaska Native and Black/African American	<input type="checkbox"/> American Indian/Alaska Native and Black/African American
<input type="checkbox"/> Other (Explain)	<input type="checkbox"/> Other (Explain)

Accepted

Not Accepted (Explain)
