

**EXHIBIT 5-E**

**DIRECT BENEFIT SUMMARY**

BENEFICIARY NAME AND ADDRESS	ETHNIC CATEGORY (*)	RACIAL CATEGORY (**)	M	F	H	E	FHH	LOW OR MODERATE INCOME	# IN HOUSE- HOLD	HOUSEHOLD INCOME	AMOUNT OF ASSIST- ANCE	TYPE OF ASSIST- ANCE
<b>TOTALS</b>												

(\*\*) **RACIAL CATEGORY CODES:** 1. White 2. Black or African American 3. Asian 4. American Indian or Alaskan Native 5. Native Hawaiian or Other Pacific Islander 6. American Indian or Alaskan Native *and* White 7. Asian *and* White 8. Black or African American *and* White 9. American Indian or Alaskan Native *and* Black or African American 10. Other Multi-racial (balance of individuals reporting more than one race)

(\*) **ETHNIC CATEGORY CODES:**  
**HL:** Hispanic or Latino    **NHL:** Not Hispanic or Latino

**OTHER CODES:** **M** – Male    **F** – Female  
**H** – Handicapped    **E** – Elderly (Over 62)  
**FHH** - Female Head of Household