

## EXHIBIT 5-E

### INDIVIDUAL DIRECT BENEFIT RECORDING FORM To be Completed by Head of Household

(*Name of Grantee*) is required by the federal regulations governing the Home Investment Partnerships (HOME) Program to request the following information in order for the Montana Department of Commerce to monitor this agency's compliance with federal equal opportunity and fair housing laws. **You are not required to furnish this information, but are encouraged to do so.**

The law provides that an agency may not discriminate on the basis of this information, or on the basis of whether you choose to furnish the information. However, if you choose not to furnish it, this agency is required to note race, gender and/or mental or physical disability status on the basis of visual observation and/or surname.

If you do not wish to furnish the requested information, please check the appropriate box below.

I do not wish to furnish this information

If you do wish to furnish the requested information, check the boxes below which apply to the head of household (*check all that apply*):

**Hispanic?**  Yes  No

**Race:**

- |  |  |
|--|--|
| <input type="checkbox"/> White   | <input type="checkbox"/> Female                        |
| <input type="checkbox"/> Black/African American                                  | <input type="checkbox"/> Male                          |
| <input type="checkbox"/> Asian   | <input type="checkbox"/> Mental or Physical Disability |
| <input type="checkbox"/> American Indian/Alaska Native                           | <input type="checkbox"/> Elderly (over age 62)         |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander                  |  |
| <input type="checkbox"/> American Indian/Alaska Native & White                   |  |
| <input type="checkbox"/> Asian & White   |  |
| <input type="checkbox"/> Black/African American & White                          |  |
| <input type="checkbox"/> American Indian/Alaska Native & Black/ African American |  |
| <input type="checkbox"/> Other Multi Racial                                      |  |

Name of Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

On the basis of sight or surname, the above information has been noted by:

Name: \_\_\_\_\_ Initialed: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**DIRECT BENEFIT SUMMARY DATA FORM FOR THE PERIOD (*insert date*) THROUGH (*insert date*)**

**Grantee Name:**

**/ HOME Contract #:**

BENEFICIARY NAME AND ADDRESS	ETHNIC* & RACIAL** CODE		Check all that apply***					INCOME CODE****	NUMBER IN HOUSEHOLD	HOUSEHOLD INCOME (\$)	AMOUNT OF HOME ASSISTANCE (\$)	TYPE OF HOME ASSISTANCE
			M	F	H	E	FHH					
<b>TOTALS</b>												

<p><b>*Ethnic Codes:</b>  <b>Hispanic?</b>    1.-- Yes        2. --No</p>	<p><b>***Key:</b>  <b>M</b> ---- Male  <b>F</b> ---- Female  <b>H</b> ---- Handicapped  <b>E</b> ---- Elderly  <b>FHH</b>- Female Head of Household</p>
<p><b>**Racial Codes:</b>  11. White  12. Black/African American  13. Asian  14. American Indian/Alaska Native  15. Native Hawaiian/Other Pacific Islander  16. American Indian/Alaska Native &amp; White  17. Asian &amp; White  18. Black/African American &amp; White  19. American Indian/Alaska Native &amp; Black/ African American  20. Other Multi Racial</p>	<p><b>****Income Codes (Household % of Median)</b>  1. 0 to 30%  2. 30+ to 50%  3. 50+ to 60%  4. 60+ to 80%  5. 80+</p>