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:  ☐ White  ☐ Female
          ☐ Black/African American  ☐ Male
          ☐ Asian  ☐ Mental or Physical Disability
          ☐ American Indian/Alaska Native  ☐ Elderly (over age 62)
          ☐ Native Hawaiian/Other Pacific Islander
          ☐ American Indian/Alaska Native & White
          ☐ Asian & White
          ☐ Black/African American & White
          ☐ American Indian/Alaska Native & Black/ African American
          ☐ 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 #:

<table>
<thead>
<tr>
<th>BENEFICIARY NAME AND ADDRESS</th>
<th>ETHNIC* &amp; RACIAL** CODE</th>
<th>Check all that apply***</th>
<th>INCOME CODE****</th>
<th>NUMBER IN HOUSEHOLD</th>
<th>HOUSEHOLD INCOME ($)</th>
<th>AMOUNT OF HOME ASSISTANCE ($)</th>
<th>TYPE OF HOME ASSISTANCE</th>
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*Totals*

*Ethnic Codes:*

Hispanic? 1. -- Yes 2. -- No

**Racial Codes:*

11. White
12. Black/African American
13. Asian
14. American Indian/Alaska Native
15. Native Hawaiian/Other Pacific Islander
16. American Indian/Alaska Native & White
17. Asian & White
18. Black/African American & White
19. American Indian/Alaska Native & Black/ African American
20. Other Multi Racial

***Key:***

M ---- Male
F ---- Female
H----- Handicapped
E----- Elderly
FHH- Female Head of Household

****Income Codes (Household % of Median)***

1. 0 to 30%
2. 30+ to 50%
3. 50+ to 60%
4. 60+ to 80%
5. 80+