



Service Beneficiary Form

Purpose: Florida Home Partnership, Inc. is a non-profit housing agency that uses federal funding to support its housing programs. The federal government requires us to collect this information for every family served. Please take a moment to complete this form. **Florida Home Partnership, Inc. adheres to all federal and state fair housing laws.**

Client Name: _____ **Date:** _____

Instructions: Please indicate if the Head of Household is female. Select the RACE for the Head of Household. Then please indicate if you consider yourself to be of Hispanic ethnicity.

FEMALE HEAD OF HOUSEHOLD? YES NO

ARE YOU OF HISPANIC ETHNICITY? YES NO

RACE: NOTE: HISPANIC IS NOT CONSIDERED A RACE. Race and Hispanic origin (also known as ethnicity) are not the same; Hispanics or Latinos may be any race as listed below. Please select the race below with which you identify and circle yes above if you are of Hispanic ethnicity.

- ___ White
- ___ Black/African American
- ___ Black/African American & White
- ___ Asian
- ___ Asian & White
- ___ American Indian or Alaskan Native
- ___ American Indian, Alaskan & White
- ___ Native Hawaii / Other Pacific Islander
- ___ Other Multi-racial: _____
(Hispanic is NOT a race; see note above.
Your country of origin is not a race)

FAMILY SIZE: _____ **TOTAL HOUSEHOLD INCOME:** _____

Previously or Currently Living in subsidized Housing: YES NO

Head of Household Only- Special Needs							
Farm Worker	Disabled	Handicapped	Elderly (62 and Over)	*Other	Teacher	Nurse	Law Enforce.

*If you are uncertain, please ask the receptionist for assistance.

HEAD OF HOUSEHOLD SIGNATURE: _____

*****for office use only*****

Median Income: ___ 0 - 30% ___ 31 - 50% ___ 51 - 80% ___ Over 80%

Service Rendered: ___ Counseling ___ Self-Help ___ CUHP ___ Other: _____

