



Demographic Form

This form is for gathering statistical data only. This form will be separated from the application and the information provided in it will not be a part of the application approval process. Furnishing this information is voluntary; failure to do so will have no effect on the approval of the requested financial assistance.

If the applicant will be providing the requested financial assistance to another recipient (e.g. a facility user or borrower), "Respondent" should be the recipient of the financial assistance.

Is Respondent the APPLICANT and/or RECIPIENT (or FACILITY USER)

Respondent does not wish to furnish this information

If Respondent is a business organization:

If Respondent is a business owned and controlled primarily by individuals who are identified in any of the following categories, please check all the categories that apply:

Female

Black or African American

Of Hispanic or Latino Origin

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

White

Asian

Veteran

Is the Respondent a State/Federal/Other certified Minority Business Enterprise? Yes No

If yes, please provide your:

State MBE Certification Number:

Federal 8a/SDB Certification Number:

Identify who the other issuer is and the other certification number:

Respondent is a publicly held entity or other organization not classifiable as owned by individuals of a particular gender, race, ethnicity, or veteran status.

If Respondent is an individual:

Is the Respondent Female? Yes No

Is the Respondent of Hispanic or Latino origin? Yes No

Is the Respondent a Veteran? Yes No

Which of the following categories describes the Respondent (multiracial respondents may select all applicable racial categories):

American Indian or Alaska Native

Native Hawaiian or other Pacific Islander

Asian

White

Black or African American