

NAME(s) _____

Beneficiary Information

Borrower Race		Co-Borrower Race	
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Black/African American & White/Caucasian	<input type="checkbox"/>	Black/African American & White/Caucasian
<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	Native Hawaiian/Other Pacific Islander
<input type="checkbox"/>	Asian	<input type="checkbox"/>	Asian
<input type="checkbox"/>	Asian & White/Caucasian	<input type="checkbox"/>	Asian & White/Caucasian
<input type="checkbox"/>	American Indian/Alaskan Native	<input type="checkbox"/>	American Indian/Alaskan Native
<input type="checkbox"/>	Am. Indian/Alaskan Native & Black/African American	<input type="checkbox"/>	Am. Indian/Alaskan Native & Black/African American
<input type="checkbox"/>	Am. Indian/Alaskan Native & White/Caucasian	<input type="checkbox"/>	Am. Indian/Alaskan Native & White/Caucasian
<input type="checkbox"/>	Other Multi-racial	<input type="checkbox"/>	Other Multi-racial
<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	DEMOGRAPHIC/ETHNIC DATA (CHECK ALL THAT APPLY)	<input type="checkbox"/>	DEMOGRAPHIC/ETHNIC DATA (CHECK ALL THAT APPLY)
<input type="checkbox"/>	Hispanic	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Disabled	<input type="checkbox"/>	Disabled
<input type="checkbox"/>	Elderly (62+)	<input type="checkbox"/>	Elderly (62+)