

# DATA COLLECTION FORM

## Information for Government Monitoring Purposes

Applicant Name:

ACCOUNT NUMBER:

Co-Applicant Name:

Property Address:

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a lender may not discriminate either on the basis of this information, or on whether you choose to furnish it. If you furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this lender is required to note the information on the basis of visual observation and surname if you have made this application in person. If you do not wish to furnish the information, please check the box below.

APPLICANT	
<input type="checkbox"/>	I DO NOT WISH TO FURNISH THIS INFORMATION
<b>ETHNICITY:</b>	
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino
<b>RACE:</b>	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White
<b>SEX:</b>	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

CO-APPLICANT	
<input type="checkbox"/>	I DO NOT WISH TO FURNISH THIS INFORMATION
<b>ETHNICITY:</b>	
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino
<b>RACE:</b>	
<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White
<b>SEX:</b>	
<input type="checkbox"/>	Male
<input type="checkbox"/>	Female

To be completed by Interviewer	Interviewer's Name (print or type)	Name and Address of Interviewer's Employer
This application was taken by:		
<input type="checkbox"/> Face-to-face interview <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Internet	Interviewer's Signature	Date
	Interviewer's Phone Number (incl. area code)	