

CITY OF EL CAJON
DEPARTMENT OF REDEVELOPMENT AND HOUSING
PERIODIC PROGRAM REPORT

COSI 3

Reporting Frequency (Monthly/Quarterly): Monthly

Reporting Period: Oct. 1 - Oct. 31, 2005

Agency: Sect. Free Facility Management

Date: _____

Name: _____

Phone Number: _____

Numbers must be all either by number of Persons (P) or Households (H). Please indicate (P) or (H): (P)

	Number of New EI Cajon-resident Clients This Reporting Period	Number of New Non-EI Cajon-resident Clients This Reporting Period	Totals for This Reporting Period	Total EI Cajon Clients Assisted Year-to-Date	Number Hispanic	Number Non Hispanic
1. TOTAL	17				5	12
White	11					
Black / African American	1					
Asian						
American Indian / Alaskan Native						
Native Hawaiian / Other Pacific Islander						
American Indian / Alaskan Native and White						
Asian and White						
Black / African American and White						
American Indian / Alaskan Native and Black / African American						
Other	5					
2. TOTAL	17					
Extremely Low Income (0- 30% AMI)	5					
Very Low Income (31-50% AMI)	12					
Low Income (61-80% AMI)						
3. TOTAL	17					
Homeless	17					
Female Headed Households	3					
Disabled / Special Needs						
TOTAL	17					

PLEASE NOTE: The U.S. Dept. of Housing and Urban Development (HUD) has changed the type of data to be collected. Also note that Hispanic is no longer considered a race but an ethnicity. A member of any race may be considered to be Hispanic. Totals for lines 1, 2 and 3 should match each other.