City of El Cajon Department of Redevelopment and Housing Periodic Reporting Form

Reporting Frequency (Monthly/Quarterly):	Monthly		_ Reporting Period:	August	1 - Aug	us + 31, 200
Agency: Set Free Baptist Fellowship			Date: 9-4-07			
Name: Numbers must be all either by				(619) 9	111 063	3 (P)
г	Number of New El Cajon-resident Clients This Reporting Period	Number of New Non- El Cajon-resident Clients This Reporting Period	Totals for This Reporting Period	Total El Cajon Clients Assisted Year-to- Date	Number Hispanic	Number Non- Hispanic
1. TOTAL	60		60	128	17	43
White	33					
Black / African American	10					
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	17					
2. TOTAL	60			······		
Extremely Low Income (0- 30% AMI)	17					
Very Low Income (31-50% AMI)	40					
Low Income (51-80% AMI)	3					
3. TOTAL	60	1			-	
Homeless	54					
Female Headed Households	<u> </u>					
Disabled / Special Needs						
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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.