Clark County Community Housing Office
500 S. Grand Central Parkway, 6th Floor
Las Vegas, NV 89155
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Email: CCHOME@ClarkCountyNV.gov or CHF@ClarkCountyNV.gov

Housing Beneficiary Report

Project Owner:_____ Project Name: _____ Date:_____

Reporting Period: _____ Total # of Units _____ # of CC HOME Units _____ # of Other HOME Units _____

UNIT NO.	# OF BEDROOMS	OCCUPANCY	MONTHLY RENT			INCOME			RACE	ETHNICITY	HOUSEHOLD SIZE	HEAD OF HOUSEHOLD	RENTAL ASSISTANCE
	0-SRO 1-1 BDRM 2-2 BDRM 3-3 BDRM 4-4 BDRM 5-5 OR MORE BDRMS	1-TENANT 2-OWNER 3-VACANT	Low-HOME RENT	UTILITY ALLOWANCE	RENT PAID BY TENANT	MONTHLY GROSS INCOME	% OF AMI 1-0-30% 2-30-50% 3-50-60% 4-60-80%	DATE OF LAST INCOME RECERT	1-White 2-Black/ African Am. 3-Asian 4-Am. Indian/ Alaskan Native 5-Native Hawaiian/ Pacific Islander	HISPANIC OR LATINO ENTER "H". IF NOT HISPANIC OR LATINO LEAVE BLANK	1-1 PERSON 2-2 PERSONS 3-3 PERSONS 4-4 PERSONS 5-5 PERSONS 6-6 PERSONS 7-7 PERSONS 8-8 OR MORE PERSONS 9- VACANT	1-SINGLE/NON-ELDERLY 2-ELDERLY 3-RELATED/SINGLE PARENT 4-RELATED/PARENT 5-OTHER 9-VACANT	1- SECTION 8 2-HOME TBRA 3 OTHER ASSISTANCE 4-NO ASSISTANCE 9-VACANT