

EXHIBIT 5-E

DIRECT BENEFIT SUMMARY

BENEFICIARY NAME AND ADDRESS	ETHNIC CATEGORY (*)	RACIAL CATEGORY (**)	M	F	H	E	FHH	LOW OR MODERATE INCOME	# IN HOUSE- HOLD	HOUSEHOLD INCOME	AMOUNT OF ASSIST- ANCE	TYPE OF ASSIST- ANCE
TOTALS												

(**) **RACIAL CATEGORY CODES:** 1. White 2. Black or African American 3. Asian 4. American Indian or Alaskan Native 5. Native Hawaiian or Other Pacific Islander 6. American Indian or Alaskan Native *and* White 7. Asian *and* White 8. Black or African American *and* White 9. American Indian or Alaskan Native *and* Black or African American 10. Other Multi-racial (balance of individuals reporting more than one race)

(*) **ETHNIC CATEGORY CODES:**
HL: Hispanic or Latino **NHL:** Not Hispanic or Latino

OTHER CODES: **M** – Male **F** – Female
H – Handicapped **E** – Elderly (Over 62)
FHH - Female Head of Household