

Harris County Community Services Department  
 PY2020 Client Data Report

|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
|--|-------------------------|-------------------|---------------------------|--------------------------------|-----------------------|----------------------------------|--------------------------------|--|------------|------------------|-------------|-----------------------------------|--------------------------|-------------------------|-------------------|------------------------|-----------------------------|
| <b>Subrecipient/Project #:</b>                                       |                         |                   |                           | <b>Prepared by:</b>            |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
| <b>Project Title:</b>  |                         |                   |                           | <b>Telephone Number:</b>       |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
| <b>Reporting Month/Year:</b> click on box - <b>Mar-2020</b>          |                         |                   |                           | <b>Email Address:</b>          |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
| <b>Time of Performance:</b> <b>March 1, 2020 - February 28, 2021</b> |                         |                   |                           | <b>Grant Type:</b> <b>CDBG</b> |                       |                                  |                                | <b>Report Type:</b> click on box - <b>ORIGINAL</b> |            |                  |             |                                   |                          |                         |                   |                        |                             |
| *1 = New<br>0 = Duplicate  | <b>Units of Service</b> |                   | <b>Income Information</b> |                                |                       |                                  |                                | <b>Age</b>   | <b>Sex</b> | <b>Ethnicity</b> | <b>Race</b> | <b>Head of Household (M or F)</b> | <b>Disabled (Y or N)</b> |                         |                   |                        |                             |
|  | <b>Last Name</b>        | <b>First Name</b> | <b>Service Period</b>     | <b>Deliverable #1</b>          | <b>Deliverable #2</b> | <b># of persons in household</b> | <b>Annual Household Income</b> |  |            |                  |             |                                   |                          | <b>Above Low Income</b> | <b>Low Income</b> | <b>Very Low Income</b> | <b>Extremely Low Income</b> |
|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
|  |                         |                   |                           |                                |                       |                                  |                                |  |            |                  |             |                                   |                          |                         |                   |                        |                             |
| <b>0</b>   |                         |                   |                           | <b>0</b>                       | <b>0</b>              |                                  |                                | <b>0</b>   | <b>0</b>   | <b>0</b>         | <b>0</b>    |                                   |                          |                         |                   |                        |                             |

\*if "New" client, enter 1; if "Duplicate", enter 0.