FORM 3: Household Characteristics

Section 420.9075(9)(a), F.S.

FLORIDA HOUSING FINANCE CORPORATION
SHIP PROGRAM ANNUAL REPORT

Fiscal Year: 2006-2007 **Submittal Date:** **09/14/07**

NAME OF LOCAL ENTITY: Miami Dade County

Provide information only on units for which Program funds have been expended.

Provide information for head of household only.

Strategy Description	Number of Households/ Units Produced					Characteristics/Age (Head of Household)					Family Size				Race (Head of Household)							Special Needs (Any Member of Household)						
(List Unincorporated and each Municipality with activity)	ELI	Very Low	Low	Mod.	Total	0-25	26-40	41-61	62+	Total	1 Person	2-4	5+	Total	White	Black	Hispanic	Asian	Amer. Indian	Other	Total	Farm Worker	Devel. Disabled	Homeless	Elderly	Special Needs:(define)	Special Target Group:(define)	Total
A			B					C			D				E							F						
Housing Acquisition			72	24	96	11	40	40	5	96	27	63	6	96	1	41	51			3	96		1		2			3
					0					0				0							0							0
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TOTAL	0	0	72	24	96	11	40	40	5	96	27	63	6	96	1	41	51	0	0	3	96	0	1	0	2	0	0	3
TOTALS	0	0	72	24	96					96				96							96							3

(Use additional pages as necessary)

SHIP AR/02-1

D,E,F,G 42 should mirror Form 2 Table F (Total # units) and all Totals should match.