Head of Household and Household Member Demographic Information

Instructions: This form is to be completed by the head of household and additional household members only after occupancy has been approved. Head of household, please complete page 1. Make copies as needed, and complete a separate page 2 for **each** additional household member.

Your approval for occupancy will not be affected if you choose not to respond. The owner will submit this information to Minnesota Housing for assessment of households being served by its financing programs. Your cooperation is much appreciated.

Housing Information (this section to be completed by owner/agent)	
Property Name	
Minnesota Housing D#	
Building Address	
Unit #	

Head of Household Information	
Name	
Date of birth (month/day/year)	_____/_____/_____
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I choose not to respond
Gender	☐ Female ☐ Male ☐ I choose not to respond
Race (check all that apply)	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ I choose not to respond
Are you mobility impaired and requiring features of an accessible unit?	☐ Yes ☐ No ☐ I choose not to respond
Do you have a disability other than mobility impairment?	☐ Yes ☐ No ☐ I choose not to respond
Main source of household income (check only one)	☐ Salary/wages ☐ Self-employment ☐ Social Security ☐ Retirement /pension/annuity ☐ Alimony/child support ☐ Interest/dividends/rental income ☐ Unemployment/disability ☐ Public assistance ☐ No income

MINNESOTA HOUSING

Household Member Demographic Information

Instructions: Complete a separate page 2 for **each** household member that is not the Head of Household. Parents or guardians, please complete the form for your minor child(ren).

Your approval for occupancy will not be affected if you choose not to respond. The owner will submit this information to Minnesota Housing for assessment of households being served by its financing programs. Your cooperation is much appreciated.

Housing Information (this section to be completed by owner/agent)	
Property Name	
Building Address:	
Unit #	

Household Member Information	
Name	
Date of birth (month/day/year)	_____/_____/_____
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I choose not to respond
Gender	☐ Female ☐ Male ☐ I choose not to respond
Race (check all that apply)	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ I choose not to respond
Are you mobility impaired and requiring features of an accessible unit?	☐ Yes ☐ No ☐ I choose not to respond
Do you have a disability other than mobility impairment?	☐ Yes ☐ No ☐ I choose not to respond