



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	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <input type="checkbox"/> I choose not to respond
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I choose not to respond
Race (check all that apply)	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> I choose not to respond
Are you mobility impaired and requiring features of an accessible unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond
Do you have a disability other than mobility impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to respond