

## MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

FAMILY COMPOSITION
Issued under P.A. 346 of 1966, as amended, and Section 8 of the U.S. Housing Act of 1937.

Name:							Home Telephone Number:					
Unit Address:		City, State, ZIP Code:					Work Telephone Number:					
Mailing Address:		City, State, ZIP Code:					Message Telephone Number:					
		1					1				-	
List yourself and all other p	ersons who will	live in the u	nit:									
Name	Social Security # (if no SS# use Alien Registration Number)	Relationship to Head of Household	Student? Yes/No	Birth Date	Age	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	*Race Code #"s	US Citizen? Yes/No		
		Head of Household										
*Race Code #'s (enter one or n	nore).											
11 – White; 12 – Black/African American Indian or Alaska Nat Native AND Black or African A	American; 13 – Asiar ive AND White; 17 – A	Asian AND Whi										
If there are new births, please send a copy of proof of birth and social security card. Head of Household — Please complete the following section (for statistical purposes only):				Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?								
Marital Status  Enter Code # 1. Married 2. Single				☐ No ☐ Yes [List specific accommodation(s) required]								
3. Widowed 4. Divorced 5. Separated											-	
I certify that only the people listed above will occupy the unit.					After completing this form, please return to:							
Signature of Head of H	lousehold	Date										

Si no puedes leer este documento porque usted no lee a Inglés, o desea que esta comunicación sea interpretada o traducida y nadie que sabe usted puede traducir, por favor llame a nuestra oficina para obtener una lista de intérpretes o traductores. Nuestro número de teléfono es 517.373.1974.

Penalties which may be imposed for intentionally submitting false or misleading information in obtaining Authority financing are set forth in the Michigan State Housing Development Authority Act of 1966 (MCLA 125.1447).