MSHDA
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.

Head of Household Name		Home Telephone Number
Unit Address	City, State, ZIP Code	Work Telephone Number
Mailing Address	City, State, ZIP Code	Message Telephone Number

List yourself and all other persons who will live in the unit:

Name	Social Security # If no SS# use Alien Registration Number	Relationship to Head of Household	Student? Yes/No	Birth Date	Age HUD defines elderly as at least 62	Sex M or F	Disabled? Yes/No	Hispanic or Latino? Yes/No	Race Code # (See Below)	US Citizen? Yes/No
		Head of Household								

Race Code #'s

1 – White
2 – Black/African American
3 – Asian
4 – American Indian or Alaska Native
5 – Native Hawaiian or Other Pacific Islander
6 – American Indian or Alaska Native AND White
7 – Asian AND White
8 – Black or African American AND White
9 – American Indian or Alaska Native AND Black or African American
10 – Other Multi-Racial

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):

Enter Code #

Marital Status
1. Married
2. Single
3. Widowed
4. Divorced
5. Separated

I certify that only the people listed above will occupy the unit.

Signature of Head of Household _____ Date _____

Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services?

☐ No ☐ Yes [List specific accommodation(s) required]

_____

_____

After completing this form, please return to:

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).