TENANT DEMOGRAPHIC PROFILE

For Management Use Only

Property Name: 0

MHFA Number: 0

Building Address: _____ Unit # _____ # of BR's _____

Name and Date of Birth (Mo./Day/Year) of Head of Household:

Name: _____ DOB: _____

Ethnicity of Head of Household

_____ Hispanic or Latino
Y=Hispanic or Latino
N=Not Hispanic or Latino

Number in Household

_____ Adults (including head of household)
_____ Children under age 18 residing in unit

Race of Head of Household (check all that apply)

_____ 1 _____ 3
_____ 2 _____ 4

A=Asian **B**=Black/African American **W**=White
I=American Indian or Alaska Native
N = Native Hawaiian or Pacific Islander

Gender of Head of Household

_____ M=Male F=Female

Homeless Household?

_____ Household previously without permanent shelter
_____ Homeless for at least 12 months or more than 4 times in 3 years

Marital Status of Head of Household

_____ M = Married
S = Separated
N = Not married (includes divorced single, widowed)

Mobility Impaired

_____ Y= Yes
N= No

(Does at least one household member require features of an accessible unit?)

Main Source of Household Income (select only one)

_____ SW=Salary/Wages SE=Self Employment R=Retirement/pension/annuity
SS=Soc. Security I=Interest/dividends/rental income U=Unemployment/disability
A=Alimony/Child Support W=Public assistance N=No income

Social Services

_____ Y= Yes N=No Does household receive any type of social services?

The information contained on this form will be used by the owner to compile and submit the Characteristics of Tenant Households, a report of demographic data, to the Minnesota Housing Finance Agency. Failure to provide the requested information will not result in the rejection of your tenant application.