MSHDA

EQUAL HOUSING OPPORTUNITY

TENANT- BASED RENTAL ASSISTANCE FAMILY COMPOSITION

Tenant Name:		Tenant Home Telephone Number:
Unit Address:	City, State, ZIP Code:	Tenant Work Telephone Number:
Mailing Address:	City, State, ZIP Code:	Tenant Message Telephone Number:

FAMILY COMPOSITION (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	Sex M/F	Disabled? Yes/No	Hispanic or Latino? Yes/No	***Race Code #"s**	US Citizen? Yes/No
		Head of Household								

After completing this form, please return to:

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. I understand that providing false information will result in denial or termination of benefits.

Signature of Head of Household

Date