



# Capital Area Housing Partnership, Inc.

## FAMILY COMPOSITION

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

EQUAL HOUSING OPPORTUNITY

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	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 more):

11 – White; 12 – Black/African American; 13 – Asian; 14 – American Indian or Alaska Native; 15 – Native Hawaiian or Other Pacific Islander; 16 – American Indian or Alaska Native AND White; 17 – Asian AND White; 18 – Black or African American AND White; 19 – American Indian or Alaska Native AND Black or African American; 20 – 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:

CAHP  
600 W Maple St, Suite D  
Lansing, MI 48906

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).