

Tenant Demographic Form

Date: _____ Development Name and Unit #: _____

Name of Head of Household: _____

Name of Household Member: _____

Ethnic Categories*	Select one
Hispanic or Latino	
Non-Hispanic or Latino	
Racial Categories*	Select one
White	
Black/African American	
American Indian/Alaska Native	
Asian	
Native Hawaiian/other Pacific Island	

***Definitions of these categories may be found on page two.**

Is the household member named above disabled? **Y or N**

Completion of this form is voluntary.

Signature

Date