

SUPPLEMENTAL INFORMATION FORM
For Collection of Tenant Demographics
(For reporting purposes only)

Property Name _____ **BIN #** _____

Household Name _____ **Unit #** _____ **Effective Date** _____

Kentucky Housing Corporation (KHC) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although KHC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Total Annual Household Income from all Sources (Income & Assets) at Move-in: \$ _____

Effective Date of Move-in Certification: _____ (YYYY/MM/DD)

Household Size at Move-in Certification: _____ **Current Household Size:** _____

Enter both Ethnicity and Race codes for existing (current) household members currently occupying unit (see below for codes).

TENANT DEMOGRAPHIC PROFILE

HH Mbr #	Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Last 4 digits of Social Security #
1							
2							
3							
4							
5							
6							
7							

The Following Race Codes should be used:

- 1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.
- 2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” apply to this category.
- 3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.

The Following Ethnicity Codes should be used:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish Origin” apply to this category.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Check “Y” if any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities: a record of such an impairment; or being regarded as having such an impairment. For a definition of “physical or mental impairment and other terms used, please see 24 CFR 100.201, available at http://www.fairhousing.com/index.cfm?method=page.display&pagename=regs_fhr_100=201.
- “Handicap” does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transvestite.

Resident/Applicant: I do not wish to furnish information regarding ethnicity, race and other household composition.

(Initials)
(HH#)

_____ 1.

_____ 2.

_____ 3.

_____ 4.

_____ 5.

_____ 6.

_____ 7.

**Instructions for Completion of the Supplemental Information
For Collection of Tenant Demographics
(For reporting purposes only)**

This Supplemental Information Form should be completed for all existing (**current**) households, all new move-ins, and when adding a new household member to an existing household. This form should not be considered as replacement of the household's Tenant Income Certification (TIC) form. If the household does not wish to complete the Supplemental Information Form, the box at the bottom of the form should be checked and adult members of the household should initial where indicated.

Property Name	Enter the name of the development.
Bin #	Enter the Building Identification Number (BIN) assigned to the building (from IRS Form 8609). If there is no allocation of Low-Income Housing Tax Credit (LIHTC), please indicate with "N/A".
Household Name	Enter full name of the head of household.
Unit Number	Enter the unit number.
Effective Date	Enter the effective date the Supplemental Information Form is being completed.
Total Annual Household Income from all Sources at Move-in	Enter the total amount of annual income at move-in, from all sources (income & assets). This information is located in Part IV, section L of the Move-in Tenant Income Certification (TIC) form used for the LIHTC program.
Effective Date of Move-in Certification	Enter the move-in date of the household. This information is located on the Move-in TIC form for the LIHTC program.
Household Size at Move-in Certification	Enter the household size at move-in certification. This information is located on the Move-in TIC form.
Current Household Size	Enter the household size as of this form's effective date.
Race	List the race of each occupant; please see codes on supplemental form.
Ethnicity	List the ethnicity of each occupant; please see codes on supplemental form.
Disability	List disability status by either a "Y" for yes or "N" for no; please see supplemental form to see if each occupant falls under disabled or not disabled.
Social Security Number	Enter the last four digits of social security number for each occupant. If tenant does not have a Social Security Number (SSN), please enter the numerical birth month and last two digits of birth year (i.e., birthday January 1, 1975, enter "0175"). If tenant has no SSN number or date of birth, please enter 0000.
Resident/Applicant Box	Household should indicate by checking the box if they do not wish to furnish information regarding ethnicity, race, and other household composition.
Resident/Applicant Initials	Adult household members should initial if they do not wish to furnish information.

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the supplemental form.