

## MICHIGAN DEPARTMENT OF LABOR AND ECONOMIC GROWTH MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

## **FAMILY COMPOSITION**

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

Name:						Home	Home Telephone Number:					
Unit Address:		City, State, ZIP Code:					Work	Work Telephone Number:				
Mailing Address:		City, State, ZIP Code:					Message Telephone Number:					
List yourself and all other p	persons who will	live in the u	nit <sup>.</sup>									
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 r 1 - White 2 - Black/African		American India	n or Nat	ive Alaskan	4 – Asian	5 – Nat	tive Hav	vaiian/Oth	er Pacific	: Islander		
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):  Marital Status  Enter Code # 1. Married 2. Single				accommod	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]							
3. Widowed 4. Divorced 5. Separated												
I certify that only the people listed above will occupy the unit.  Signature of Head of Household Date				Scho 321 [ Mani	After completing this form, please return to:  Schoolcraft County EDC 321 Deer Street Manistique, Michigan 49854 Phone (906) 341-5126 Fax (906) 341-5555							

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).