



# Family Composition

Please PRINT CLEARLY

Office Use Only  
Received Time: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Head of Household	
Current Address	
City	Zip

Home Phone ( )
Work Phone ( )

FAMILY COMPOSITION (List yourself and all other persons who will live in the unit)										
Name	Relationship to Head of Household	Age	Sex M/F	Birth Date	Place of Birth - City and State or Foreign Country	Handicapped Disabled		Student		Social Security # or Alien Registration #
						Yes	No	Yes	No	
	Head of Household									

**For statistical purposes only:**  
Head of Household: Please check one in each category.

- Marital Status**
- Married
  - Single
  - Widowed
  - Divorced
  - Separated
  - N/A

- Employment Type**
- Professional, Technical
  - Manager, Supervisor
  - Clerical, Sales
  - Skilled, Semi-skilled, Foreman
  - Unskilled, service
  - Retired
  - Student
  - Unemployed
  - N/A

- Ethnicity**
- Hispanic or Latino
  - Not Hispanic or Latino

- Race**
- Single Race Categories:
- Alaskan Native or American Indian
  - Asian
  - Black or African American
  - Native Hawaiian or Pacific Islander
  - White
  - Other: \_\_\_\_\_

- Multi-Race Categories
- Alaskan Native or American Indian and White
  - Asian and White
  - Black or African American and White
  - Alaska Native or American Indian and Black or African American
  - Other: \_\_\_\_\_

I certify that only the people listed above will occupy the unit.

Signature of Head of Household

Date



For assistance with this application, please consult:  
Michigan Commission for the Blind (1-800-292-4200)  
Michigan Relay Center (1-800-649-3777)