HOUSEHOLD DEMOGRAPHICS

(10/26)

You have applied for, or currently reside in, a rental housing unit located in a development financed, in part, by a HUD or State of North Dakota housing program. The collection of certain resident data will be furnished to the U.S. Department of Housing and Urban Development. Each household must be offered the opportunity to disclose their race, ethnicity, and disability status. Parents/guardians are asked to disclose on behalf of all children in the household who are under the age of 18. There is no penalty for those households who do not wish to provide the requested information. However, all adult members (18 years or older) must sign/date at the bottom of this form as proof that the option to disclose was made available.

Property Name	Unit Number
Household Name	

HOUSEHOLD COMPOSITION AND RELATIONSHIP TO HEAD-OF HOUSEHOLD (HOH)

Member Number	First Name	Last Name	Date of Birth	Head	Spouse	Adult Co-Resident	Child	Foster Child/ Adult	Live-In Caretaker	Other
1				☐	☐	☐	☐	☐	☐	☐
2				☐	☐	☐	☐	☐	☐	☐
3				☐	☐	☐	☐	☐	☐	☐
4				☐	☐	☐	☐	☐	☐	☐
5				☐	☐	☐	☐	☐	☐	☐
6				☐	☐	☐	☐	☐	☐	☐
7				☐	☐	☐	☐	☐	☐	☐

ETHNIC CATEGORIES

Household members can select one of the following applicable ethnic definitions:
Hispanic or Latino A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic” or “Latino.”
Not Hispanic or Latino A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Check all that apply for each household member.	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7
Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐
Not Hispanic or Latino	☐	☐	☐	☐	☐	☐	☐
Choose Not to Disclose	☐	☐	☐	☐	☐	☐	☐

RACIAL CATEGORIES*

* The following racial and ethnic definitions are modeled after the OMB-approved form, (HUD-52697), used by the U.S. Department of Housing and Urban Development (HUD): Household members can select one or more of the following applicable racial definitions:
1 – **White** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

2 – **Black or African American** – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black” or African American.”

3 – **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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:

- 4a – Asian India
- 4b – Chinese
- 4c – Filipino
- 4d – Japanese
- 4e - Korean
- 4f - Vietnamese
- 4g – Other Asian

5 – **Native Hawaiian/Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guan Samoa, or other Pacific Islands.

- 5a – Native Hawaiian
- 5b – Guamanian or Chamorro
- 5c - Samoan
- 5d – Other Pacific Islander

Note: Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native and White, 14b – White & Asian (Chinese), etc.

Enter applicable code.

Categories	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7
White - 1							
Black or African American - 2							
American Indian or Alaska Native - 3							
Asian - 4 (a-g)							
Native Hawaiian/Other Pacific Islander 5 (a-d)							
Choose Not to Disclose	☐	☐	☐	☐	☐	☐	☐

DISABILITY STATUS

The Fair Housing Act prohibits discrimination on the basis of disability in all types of housing transactions. The Fair Housing Act defines persons with a disability to mean those individuals with mental or physical impairments that substantially limit one or more major life activities www.justice.gov/crt/fair-housing-act-1.

Check all that apply for each household member.	Member 1	Member 2	Member 3	Member 4	Member 5	Member 6	Member 7
Are any household members disabled according to the Fair Housing Act? If “Yes,” check box.	☐	☐	☐	☐	☐	☐	☐
No or Choose Not to Disclose a Disability	☐	☐	☐	☐	☐	☐	☐

If a third party is required to assist with the completion of this document, add their signature and date, printed name, relationship and phone number to the bottom of this page.

Head of Household Signature	Date
Household Member 2 Signature	Date
Household Member 3 Signature	Date
Household Member 4 Signature	Date