Head of Household
Demographic Information

Instructions: This form is to be completed by the head of household only after occupancy has been approved. Your approval for occupancy will not be affected if you choose not to respond. The owner will submit this information to The City of Edina for assessment of households being served by its financing programs. Your cooperation is much appreciated.

Housing Information (this section to be completed by owner/agent)	
Property Name	
Minnesota Housing D#	
Building Address	
Unit #	

Head of Household Information	
Name	
Date of birth (month/day/year)	_____/_____/_____
Ethnicity	☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ I choose not to respond
Gender	☐ Female ☐ Male ☐ I choose not to respond
Race (check all that apply)	☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/ Other Pacific Islander ☐ White ☐ I choose not to respond
Number of household members	_____ Adults (including head of household) _____ Children under age 18 residing in unit
Is any household member mobility impaired requiring features of an accessible unit?	☐ Yes ☐ No ☐ I choose not to respond
Is any household member a person with a disability other than mobility impairment?	☐ Yes ☐ No ☐ I choose not to respond
Main source of household income (check only one)	☐ Salary/wages ☐ Self-employment ☐ Social Security ☐ Retirement /pension/annuity ☐ Alimony/child support ☐ Interest/dividends/rental income ☐ Unemployment/disability ☐ Public assistance ☐ No income