

**ANNUAL DEMOGRAPHICS INFORMATION FORM**  
**(To be completed for all residents)**

The information on this form will be provided to Colorado Housing and Finance Authority as part of an annual demographics survey. Completion of this form is voluntary and is not a condition of occupancy.

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

Unit Number: \_\_\_\_\_

☐ I do not wish to provide this information.

How many occupants over the age of 62 will be living in the household? \_\_\_\_\_

Number of Children under the Age of 18 living in the household: \_\_\_\_\_

Is this a single parent family? (check one) ☐ Yes ☐ No

If this is a single parent family, is the head of household male or female? ☐ Male ☐ Female

Indicate the primary source of household income from the following list (check one) :

<input type="checkbox"/> Alimony	<input type="checkbox"/> Child Support	<input type="checkbox"/> Military Pay	<input type="checkbox"/> None
<input type="checkbox"/> Other	<input type="checkbox"/> Pension	<input type="checkbox"/> Refused	<input type="checkbox"/> Social Security
<input type="checkbox"/> SSDI/Disability	<input type="checkbox"/> TANF	<input type="checkbox"/> Wages	<input type="checkbox"/> Unemployment

How many people in the household contribute to the household income? \_\_\_\_\_

Indicate the occupation of the head of household? (check one)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Clerical/Admin	<input type="checkbox"/> Full Time Student	<input type="checkbox"/> Managerial
<input type="checkbox"/> Military	<input type="checkbox"/> Paraprofessional/Technical	<input type="checkbox"/> Production/Construction/Maintenance	<input type="checkbox"/> Service
<input type="checkbox"/> Professional	<input type="checkbox"/> Refused	<input type="checkbox"/> Retired	
<input type="checkbox"/> Technical	<input type="checkbox"/> Transportation	<input type="checkbox"/> Unemployed	

Does anyone in this household have a disability which requires either modification of the living quarters, or any kind of supportive service assistance? \_\_\_\_\_

Indicate the primary racial identity of the household: (check one)

<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Refused
<input type="checkbox"/> Other (Hispanic)	<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Native American/Inuit	

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date