

NUMBER OF DEPENDENTS:

(THIS INCLUDES ALL RESIDENTS NOT LISTED ON FIRST PAGE)

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>SEX</u> Male/Female	<u>FULL TIME</u>		<u>SOCIAL SECURITY NUMBER</u>
				<u>STUDENT</u> YES / NO	<u>RETIRED</u> YES / NO	
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____	_____
7	_____	_____	_____	_____	_____	_____
8	_____	_____	_____	_____	_____	_____
9	_____	_____	_____	_____	_____	_____
10	_____	_____	_____	_____	_____	_____
11	_____	_____	_____	_____	_____	_____
* Is anyone in this Household Pregnant? (Please mark one)			Yes	No	Who?	_____

OCCUPANT RACE

Optional Information

Please circle.

W - White

AIW - American Indian/Alaskan/Native/White

HW - Hispanic White

AW - Asian White

B - Black/African American

BW - Black/African American - White

A - Asian

AIB - American Indian/Alaskan Native/Black African American

AI - American Indian

O - Other _____

NA - Native Hawaiian/Other Pacific