



Resident Census

According to the CCA bylaws, Article IX, Section 9.3, and the Federal Fair Housing Amendments Act, you are required to answer the following questions. The information you provide will be treated with **strict confidentiality**. In order to comply with the regulations of the Department of Housing and Urban Development, this survey must be completed fully and **returned to the administration office.**

Proof of age must be provided with this document. Acceptable forms of ID are any of the following:

- Birth certificate
- Driver's license
- Passport
- State issued ID card
- Military discharge papers
- Some other government issued document

Please print.

Address: _____ Section: _____

Phone #: _____ E-mail: _____

Please list ALL individuals residing in the unit, including yourself:

Name: _____ Sex: _____ Date of Birth: _____

Name: _____ Sex: _____ Date of Birth: _____

Name: _____ Sex: _____ Date of Birth: _____

Name: _____ Sex: _____ Date of Birth: _____

Is any individual in the unit homebound requiring help in an emergency evacuation?

Yes No

Person to contact in case of an emergency (NOT living in the household):

Name: _____ Relationship: _____

Primary Phone #: _____ Alt. Phone # (optional): _____

Signature

Date