HOUSING AUTHORITY OF THE TOWN OF ENFIELD

1 Pearson Way, Enfield, CT 06082 (860) 745-7493 Fax (860) 741-8439 TDD/TTY 800-545-1833 Ext. 849 www.enfieldha.org



DEMOGRAPHICS SURVEY

Under Section 8-37ee-313, paragraph b, of the Connecticut General Statutes, we are required to perform a demographic survey of all housing applicants as well as residents. At this time, I would like to ask that you complete the information below and return the form to the Enfield Housing Authority office with your application. This data will be kept confidential and will only be used as required by the State of Connecticut for Fair Housing reporting.

PLEASE PROVIDE THE FOLLOWING INFORMATION:

*Below plea	ase indicate the number of persons of each race in your household:
•	Caucasian Black or African American Asian
_	Hispanic or Latino American Indian, Alaska Native, Native Hawaiian, other Pacific Islander, or Other
Family Con	nposition:
	Adults (how many currently reside in the household)
	Children (how many currently reside in the household)

An Affirmative Action/Equal Opportunity Employer
Equal Housing Opportunity

accommodation to fully utilize the housing programs and related services may request such by contacting jour office at (860) 745-7493.

