

The Granville  
Assisted Living Center

The Granville Assisted Living Center  
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[www.TheGranvilleAssistedLiving.com](http://www.TheGranvilleAssistedLiving.com)

## ANNUAL DEMOGRAPHICS INFORMATION FORM

(To be completed for all residents)

The information on this form will be provided to the 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

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 the household (Check One):

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

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: \_\_\_\_\_

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