SECOND HARVEST Food Bank — San Joaquin & Stanislaus Counties

Participation Data Food Assistance
2020-2021 San Joaquin County

The information being requested is only for monitoring and auditing purposes, as require by HUD, and is not for public dissemination. Thank You for your cooperation.

Last Name	First Name	Phone	Date of Birth
Address	**City**		**Zip Code**

☐ Male
☐ Female

1. How many household members are in the following age/gender ranges?

Male(s) ____ 0-5 ____ 6-12 ____ 13-21 ____ 22-54 ____ 55-75 ____ 76+

Female(s) ____ 0-5 ____ 6-12 ____ 13-21 ____ 22-54 ____ 55-75 ____ 76+

2. Ethnicity (how many in household): ____Hispanic ____Non-Hispanic

3. Race (how many in household):

____White
____Asian
____Black/African American & White
____Native Hawaiian/Pacific Islanders
____Other Multi-Racial (specify) _____
____American Indian/Alaskan Native
____American Indian/Alaskan Native & Black
____Black/African American
____Asian &White
____American Indian/Alaskan Native & White

4. How many in the Household are:

____Disabled ____Over 62+ years of age ____Veteran
____Female Head of Household ____Homeless

5. Circle your household size and in the same row circle your total household annual income.

Household Size	Ext. Low	Very Low	Low	Medium
1	$15,750 or less	$15,751 – $26,250	$26,251– $42,000	$42,001 or more
2	$18,000 or less	$18,001 – $30,000	$30,001– $48,000	$48,001 or more
3	$21,720 or less	$21,721 – $33,750	$33,751– $54,000	$54,001 or more
4	$26,200 or less	$26,201 – $37,500	$37,501– $60,000	$60,001 or more
5	$30,680 or less	$30,681 – $40,500	$40,501– $64,800	$64,801 or more
6	$35,160 or less	$35,161 – $43,500	$43,501– $69,600	$69,601 or more
7	$39,640 or less	$39,641 – $46,500	$46,501– $74,400	$74,401 or more
8+	$44,120 or less	$44,121 – $49,500	$49,501– $79,200	$79,201 or more

I hereby certify that the above information is true and correct to the best of my knowledge. *I acknowledge and understand that the information provided here will be relied upon for the purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement by me may be constitute a federal violation and may result in the denial of my participation in this program.*

*Signature*_____ *Date*_____

Office & Referral Use Only

Income Verification: ☐ By Sight ☐ Copies

Verified With: ☐ W-2 ☐ Pay Stub ☐ Award Letter ☐ Other_____

Income Verified By: _____ as being "true and correct"
Name

No Income Verification Completed ☐ Explain_____

Observer Identification Used to Provide Race and Ethnicity ☐Observed By_____

Revised 5/26/2020