



**Participation Data Food Assistance  
2020-2021 Stanislaus 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.*

<b>Last Name</b>	<b>First Name</b>	<b>Phone</b>	<b>Date of Birth</b>
<b>Address</b>			<b>City</b>
			<b>Zip Code</b>

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	\$14,700 or less	\$14,701 – \$24,500	\$24,501 – \$39,150	\$39,151 or more
2	\$17,240 or less	\$17,241 – \$28,000	\$28,001 – \$44,750	\$44,751 or more
3	\$21,720 or less	\$21,721 – \$31,500	\$31,501 – \$50,350	\$50,351 or more
4	\$26,200 or less	\$26,201 – \$34,950	\$34,951 – \$55,900	\$55,901 or more
5	\$30,680 or less	\$30,681 – \$37,750	\$37,751 – \$60,400	\$60,401 or more
6	\$35,160 or less	\$35,161 – \$40,550	\$40,551 – \$64,850	\$64,851 or more
7	\$39,640 or less	\$39,641 – \$43,350	\$43,351 – \$69,350	\$69,351 or more
8+	\$44,120 or less	\$44,121 – \$46,150	\$46,151 – \$73,800	\$73,801 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 \_\_\_\_\_

<b>Office &amp; Referral Use Only</b>	Income Verification: <input type="checkbox"/> By Sight <input type="checkbox"/> Copies
	Verified With: <input type="checkbox"/> W-2 <input type="checkbox"/> Pay Stub <input type="checkbox"/> Award Letter <input type="checkbox"/> Other _____
	Income Verified By: _____ as being "true and correct" Name
	No Income Verification Completed <input type="checkbox"/> Explain _____
	Observer Identification Used to Provide Race and Ethnicity <input type="checkbox"/> Observed By _____