



**Participation Data Food Assistance  
2018-2019 San Joaquin County**

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

Male  
 Female  
 Last Name First Name Phone Number Date of Birth

Address City Zip Code

**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 \_\_\_ American Indian/Alaskan Native  
 \_\_\_ Asian \_\_\_ American Indian/Alaskan Native & Black  
 \_\_\_ Black/African American & White \_\_\_ Black/African American  
 \_\_\_ Native Hawaiian/Pacific Islanders \_\_\_ Asian & White  
 \_\_\_ Other Multi-Racial (specify) \_\_\_\_\_ \_\_\_ 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	\$13,400 or less	\$13,401 – \$22,300	\$22,301– \$35,700	\$35,701 or more
2	\$16,460 or less	\$16,461 – \$25,500	\$25,501– \$40,800	\$40,801 or more
3	\$20,780 or less	\$20,781 – \$28,700	\$28,701– \$45,900	\$45,901 or more
4	\$25,100 or less	\$25,101 – \$31,850	\$31,851– \$50,950	\$50,951 or more
5	\$29,420 or less	\$29,421 – \$34,400	\$34,401– \$55,050	\$55,051 or more
6	\$33,740 or less	\$33,741 – \$36,950	\$36,951– \$59,150	\$59,151 or more
7	\$38,060 or less	\$38,061 – \$39,500	\$39,501– \$63,200	\$63,201 or more
8	\$42,050 or less	\$42,050 – \$42,050	\$42,051– \$67,300	\$67,301 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 _____	