



**Participation Data Food Assistance
2018-2019 Stanislaus 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.

Last Name	First Name	Phone Number	Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Address	City	Zip Code
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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	\$12,750 or less	\$12,751 – \$21,250	\$21,251 – \$34,400	\$34,401 or more
2	\$16,460 or less	\$16,461 – \$24,300	\$24,301 – \$38,850	\$38,851 or more
3	\$20,780 or less	\$20,781 – \$27,350	\$27,351 – \$43,700	\$43,701 or more
4	\$25,100 or less	\$25,101 – \$30,350	\$30,351 – \$48,550	\$48,551 or more
5	\$29,420 or less	\$29,421 – \$32,800	\$32,801 – \$52,450	\$52,451 or more
6	\$33,740 or less	\$33,741 – \$35,250	\$35,251 – \$56,350	\$56,351 or more
7	\$37,650 or less	\$37,650 – \$37,650	\$37,651 – \$60,250	\$60,251 or more
8	\$40,100 or less	\$40,100 – \$40,100	\$40,101 – \$64,100	\$64,101 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: <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 _____