



**Participation Data Food Assistance
2021-2022 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

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

Male Female Transgender Non-Binary Other

2. How many household members are in the following age ranges?

0-5 6-12 13-21 22-54 55-75 76+

3. Ethnicity (how many in household): Hispanic Non-Hispanic

4. Race (how many in household):

<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native & Black
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Native Hawaiian/Pacific Islanders	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Other Multi-Racial (specify) _____	<input type="checkbox"/> American Indian/Alaskan Native & White

5. How many in the Household are:

Disabled Over 62+ years of age Veteran
 Female Head of Household Homeless

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

Household Size	Ext. Low	Very Low	Low	Medium
<u> 1 </u>	\$15,550 or less	\$15,551 – \$25,900	\$25,901 – \$41,450	\$41,451 or more
<u> 2 </u>	\$17,800 or less	\$17,801 – \$29,600	\$29,601 – \$47,400	\$47,401 or more
<u> 3 </u>	\$21,960 or less	\$21,961 – \$33,300	\$33,301 – \$53,300	\$53,301 or more
<u> 4 </u>	\$26,500 or less	\$26,501 – \$37,000	\$37,001 – \$59,200	\$59,201 or more
<u> 5 </u>	\$31,040 or less	\$31,041 – \$40,000	\$40,001 – \$63,950	\$63,951 or more
<u> 6 </u>	\$35,580 or less	\$35,581 – \$42,950	\$42,951 – \$68,700	\$68,701 or more
<u> 7 </u>	\$40,120 or less	\$40,120 – \$45,900	\$45,901 – \$73,450	\$73,451 or more
<u> 8+ </u>	\$44,660 or less	\$44,661 – \$48,850	\$48,851 – \$78,150	\$78,151 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 _____