

PUBLIC SERVICE INCOME SELF-CERTIFICATION FORM

APPLICANT INFORMATION

NAME

ADDRESS

HOUSEHOLD INFORMATION

NUMBER OF PEOPLE IN HOUSEHOLD

HOUSEHOLD SIZE AND ANNUAL INCOME LEVEL (FROM ALL SOURCES) *Check one*

HOUSEHOLD SIZE	EXTREMELY LOW-INCOME*	LOW-INCOME*	MODERATE-INCOME*	ABOVE MODERATE-INCOME*
1	_____ \$23,700 or less	_____ \$23,701 to \$39,450	_____ \$39,451 to \$63,100	_____ above \$63,101
2	_____ \$27,050 or less	_____ \$27,051 to \$45,050	_____ \$45,051 to \$72,100	_____ above \$72,101
3	_____ \$30,450 or less	_____ \$30,451 to \$50,700	_____ \$50,701 to \$81,100	_____ above \$81,101
4	_____ \$33,800 or less	_____ \$33,801 to \$56,300	_____ \$56,301 to \$90,100	_____ above \$90,101
5	_____ \$36,550 or less	_____ \$36,551 to \$60,850	_____ \$60,851 to \$97,350	_____ above \$97,351
6	_____ \$39,250 or less	_____ \$39,251 to \$65,350	_____ \$65,351 to \$104,550	_____ above \$104,551
7	_____ \$41,950 or less	_____ \$41,951 to \$69,850	_____ \$69,851 to \$111,750	_____ above \$111,751
8	_____ \$44,650 or less	_____ \$44,651 to \$74,350	_____ \$74,351 to \$118,950	_____ above \$118,951

**Please see Bulletin No. 20-008 for comparison of CDBG and HUD terms.*

ETHNIC BACKGROUND

RACIAL BACKGROUND

Mark **X** next to the category that best describes your origin

SINGLE CATEGORIES

- _____ American Indian/ Alaska Native
- _____ Asian
- _____ Black/ African American
- _____ Native Hawaiian/ Other Pacific Islander
- _____ White

DOUBLE CATEGORIES

- _____ American Indian/ Alaska Native AND White
- _____ Asian AND White
- _____ Black/ African American AND White
- _____ American Indian/ Alaskan Native AND Black/ African American

OTHER

- _____ Individuals not identified above

ETHNIC BACKGROUND

Mark **X** next to the category that best describes your ethnicity

- _____ Yes, Hispanic/ Latino
- _____ No, not Hispanic/ Latino

HOUSEHOLD INFORMATION

Check one

- _____ A female heads the household where this client resides.
- _____ A male heads the household where this client resides.

CERTIFICATION

I certify that the above information is true and accurate and that supporting documentation can be provided upon request.

APPLICANT SIGNATURE

DATE

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CENSUS TRACT

CONTRACT PERIOD

PROJECT NAME

AGENCY APPROVAL SIGNATURE

DATE

SAN FERNANDO RESIDENT FOOD PROGRAM

Please Note: Items are not guaranteed

APPLICANT INFORMATION

NAME

ADDRESS

PHONE NO.

EMAIL ADDRESS

NON-PERISHABLE FOOD ITEMS

Please fill in the quantity of each item that you would prefer and a description. Please note: items are not guaranteed.

BABY/ INFANT			BREAKFAST			CAN/ JAR		
QTY	ITEM	DESCRIPTION	QTY	ITEM	DESCRIPTION	QTY	ITEM	DESCRIPTION
	Baby Food			Cereal (cold)			Beans	
	Cereal			Cereal (hot)			Fruit	
	Formula			Cereal Bars			Gravy	
				Oatmeal			Jalapenos	
				Pancake Mix			Jelly	
				Syrup			Meats	
							Menudo	
BEVERAGES			DRIED				Pasta Sauce	
QTY	ITEM	DESCRIPTION	QTY	ITEM	DESCRIPTION		Peanut Butter	
	Coffee	Ground		Beans			Salmon	
	Juice			Cake Mix			Soup	
	Juice Boxes			Mac & Cheese			Spaghetti O's	
	Milk	Powdered		Pasta			Spam	
	Tea (bags)			Rice			Stews/Chili	
				Soup			Tomato Sauce	
							Tuna	
							Vegetables	
CONDIMENTS			PERSONAL & HOME CARE					
QTY	ITEM	DESCRIPTION	QTY	ITEM	DESCRIPTION			
	Ketchup			Body Soap		SNACK		
	Mayonnaise			Dish Soap		QTY	ITEM	DESCRIPTION
	Mustard			Disinfectant Spray			Crackers	
	Salad Dressing			Laundry Detergent			Fruit Cups	
	Sugar	Granulated		Toothpaste			Granola Bars	

ALLERGIES

Please indicate any allergies for the people living in your household.

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RECEIVED		PACKED		PICKED-UP	
DATE	INITIALS	DATE	INITIALS	DATE	INITIALS

COMMENTS