



## Self-Declaration of Income Report

Participant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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### PARTICIPANT INFORMATION

**Participant Status**  Individual

**Ethnicity**  Hispanic or Latino  NOT Hispanic or Latino

**Race**

<input type="checkbox"/> White	<input type="checkbox"/> American Indian
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian and White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> American Indian/Alaska Native American	<input type="checkbox"/> American Indian/Alaska Native and Black/African
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Decline to participate
<input type="checkbox"/> Other Multi-Racial _____	

### Household Information

Household Size  One

Yearly Income  \$0 - \$21,600  \$21,601 - \$36,700  \$36,701 - \$50,350  \$50,351 +

Check here if Unemployed

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Federal regulations require we obtain this information to document assistance is being provided to low and moderate income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Grantee should retain this form for monthly reporting requirements as well as for on-site monitoring visits.

Information provided on this form is kept confidential and is not shared with any other agencies.

Participant/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_