

**ACDS/ARPA FUNDED FOOD PROGRAMS
PARTICIPATION DATA: FY 2021**

The service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD) or another ACDS/County funded source. The information being requested is only for federal compliance with data collection standards, monitoring and auditing purposes, as required by HUD or other funders, and is not intended for public dissemination. Please provide the information requested below.

Form to be completed by participant or by the parent or guardian of any minor child under the age of 18.

1. Head of Household: Are you the head of the household? Yes No

2. Household Size and Total Annual Household Income:

A. Circle the total number of people in your household in the first column.

B. On same line as your household size, check the income range that includes your household's annual income.

When determining your household income, include at minimum the following sources for all wage earners: 1) gross amount of wages, salaries, and other earnings, 2) net income from operation of a business or profession, 3) interest, dividends, and other net income from real or personal property, 4) full amount of periodic amounts received from Social Security, annuities, pensions, or disability or death benefits, Unemployment, disability compensation, worker's compensation and severance pay, 5) public assistance e.g. welfare payments, food stamps, 6) alimony, child support payments etc.

Household Size	HOUSEHOLD INCOME			
	30% or Less AMI*	31-50% AMI*	51-60% AMI*	61% AMI and Above
1	<input type="checkbox"/> \$22,100 or less	<input type="checkbox"/> \$22,101 - \$36,800	<input type="checkbox"/> \$36,801- \$44,160	<input type="checkbox"/> \$44,161 or more
2	<input type="checkbox"/> \$25,250 or less	<input type="checkbox"/> \$25,251 - \$42,050	<input type="checkbox"/> \$42,051- \$50,460	<input type="checkbox"/> \$50,461 or more
3	<input type="checkbox"/> \$28,400 or less	<input type="checkbox"/> \$28,401 - \$47,300	<input type="checkbox"/> \$47,301- \$56,760	<input type="checkbox"/> \$56,761 or more
4	<input type="checkbox"/> \$31,550 or less	<input type="checkbox"/> \$31,551 - \$52,550	<input type="checkbox"/> \$52,551- \$63,060	<input type="checkbox"/> \$63,061 or more
5	<input type="checkbox"/> \$34,100 or less	<input type="checkbox"/> \$34,101 - \$56,800	<input type="checkbox"/> \$56,801- \$68,160	<input type="checkbox"/> \$68,161 or more
6	<input type="checkbox"/> \$36,600 or less	<input type="checkbox"/> \$36,601 - \$61,000	<input type="checkbox"/> \$61,001- \$73,200	<input type="checkbox"/> \$73,201 or more
7	<input type="checkbox"/> \$40,120 or less	<input type="checkbox"/> \$40,121 - \$65,200	<input type="checkbox"/> \$65,201- \$78,240	<input type="checkbox"/> \$78,241 or more
8 +	<input type="checkbox"/> \$44,660 or less	<input type="checkbox"/> \$44,661 - \$69,400	<input type="checkbox"/> \$69,401- \$83,280	<input type="checkbox"/> \$83,281 or more

Effective April 1, 2021; * ARPA Income Eligible

5. Status (Check all that apply): 62 years or older Female Headed Household Disabled

I hereby certify that the above information is true and correct to the best of my knowledge. I, the undersigned, agree and acknowledge that the information provided is true and correct as of the date set forth opposite my signature. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program. I also understand that this agency, ACDS, or HUD may at any time request to see documentation that can verify that the income and information reported on this form is accurate and correct.

Print Name

Signature

Date



**PLEASE COMPLETE THIS FORM FOR OUR PANTRY
REGISTRATION TODAY**

PLEASE PRINT

First Name: _____ Last Name: _____

Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____

HOUSEHOLD SIZE#	#Children	#Adults	# Seniors