

**THE FAMILY PANTRY-DAMIEN'S PLACE
SELF-CERTIFICATION FORM**

To the Applicant: The organization named above is receiving state/federal funds to support its services. Because of this, we need to collect household income information. This information will be kept confidential.

⇒ _____
First Name Middle Name Last Name

Total Individuals living in the household: _____ List individuals below **excluding** applicant:

Full Name	Date of Birth (mm/dd/yyyy)	Relationship to applicant	Nationality (choose the initials from the list below)	Gender

NATIONALITY

W: White (includes Portuguese, Cape Verdean, Hispanic)		
B: Black/African-American	A: Asian	AI: American Indian/Alaskan Native
NH: Native Hawaiian/Pacific Islander	AIB: American Indian/Alaskan Native and Black/African American	AW: Asian and White
BW: Black/African American and White	AIW: American Indian/Alaskan Native and White	O: Other U: Unknown

⇒ _____
Street Address Apt # City/Town State Zip Code

⇒ _____
Cell phone Date of Birth Nationality (from above)

Gender: Female Male Non-Binary

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Are you head of household? No Yes

Are you a single parent? No Yes

Do you have dependent minor children living with you? No Yes

Do you have a disability? No Yes

Excluding yourself, is there anyone else in the house who is disabled or handicapped..... No Yes
If yes, how many? _____

Number of Hispanic/Latino members living in Household: _____

Are you or your partner a veteran? No Yes

Are you currently receiving Food Stamps? No Yes

Do you participate in the WIC program? No Yes

Circle the number of persons in your family AND THE INCOME LEVEL in the table below:

Household Size	1	2	3	4	5	6	7	8
No Income	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Extremely Low Income	\$31,150	\$35,600	\$40,050	\$44,500	\$48,100	\$51,650	\$52,200	\$58,750
Very Low Income	\$51,950	\$59,400	\$66,800	\$74,200	\$80,150	\$86,100	\$92,050	\$97,950
Low Income	\$82,950	\$94,800	\$106,650	\$118,450	\$127,950	\$137,450	\$146,900	\$156,400
Above Low Income	More than \$82,950	More than \$94,800	More than \$106,650	More than \$118,450	More than \$127,950	More than \$137,450	More than \$146,900	More than \$156,400

Note: The above information is subject to verification by government officials.

OPTIONAL: Were you affected by COVID-19..... No Yes

OPTIONAL: If so, how were you affected? _____

How did you hear about Damien's Pantry? _____

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

Thank you for completing this survey. This information will be held confidentially and used only for compliance records.