

**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	Ethnicity (choose the initials from the list below)	Gender

ETHNICITY

W: White (Non-Hispanic or Latino)		CV: Cape Verdean
HL: Hispanic, Latino or Spanish origin		NA: Middle Eastern or North African
B: Black/African-American	A: Asian	AW: Asian and White
NH: Native Hawaiian/Pacific Islander	AIB: American Indian/Alaskan Native and Black/African American	AI: American Indian/Alaskan Native
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 Ethnicity (from above)

Gender: Female Male Non-Binary Transgender Decline to Answer

*****TURN THE PAGE OVER TO COMPLETE THE APPLICATION*****

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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 prog'ram? 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
Higher than \$0 or below this Amount	\$36,000	\$41,150	\$46,300	\$51,400	\$55,550	\$59,650	\$63,750	\$67,850
Higher than above; at or below this Amount	\$60,000	\$68,600	\$77,150	\$85,700	\$92,600	\$99,450	\$106,300	\$113,150
Higher than above; at or below this amount	\$96,000	\$109,700	\$123,400	\$137,100	\$148,100	\$159,050	\$170,050	\$181,000
More than this amount	More than \$96,001	More than \$109,701	More than \$123,401	More than \$137,101	More than \$148,101	More than \$159,051	More than \$170,051	More than \$181,001

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

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.