

Name of Public Service:

Page 1 to be filled out by Participant

Part I: Confidential Participant/Beneficiary HUD Demographic Information

Ethnicity (list members' numbers)	Hispanic		Household Member Name	Age
	Non-Hispanic			
Race (list members' numbers below)			Head	
White			2	
Black/African American			3	
Asian			4	
American Indian/Alaskan Native			5	
Native Hawaiian/Pacific Islander			6	
Am. Indian/Alaskan Nat. & White			7	
Asian & White			8	
Black/African American & White				
Am. Indian/Alaskan & Black/Afr.				
Other Multi-Racial				

	Yes	No
Is the Head of Household Female?		
Are any members of the household disabled?		
Is this a homeless household?		
Are any members of the household veterans?		
Senior/family		
Senior/Single		
Senior/disabled		

Part II: Confidential Participant/Beneficiary Income Certification

(Must be completed and signed prior to providing public services.)

My total family size consists of _____ members, and the total annual gross income* for all adult members is \$_____. *Gross annual income must include all sources of income (wages, child support, SSI, UBI, pension income, income from assets, etc., but does not include the income of live-in aids, per 24 CFR S.403).

I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly given false information on an application for federal or state funds, which may include immediate repayment of all federal or state funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state or federal personnel as part of compliance monitoring.

Participant/Beneficiary information:

Printed Name: _____

Physical home address: _____

Signature: _____ Date: _____