

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		
	Non-Hispanic		
Race (list members' numbers below)			
White		Head	
Black/African American		2	
Asian		3	
American Indian/Alaskan Native		4	
Native Hawaiian/Pacific Islander		5	
Am. Indian/Alaskan Nat. & White		6	
Asian & White		7	
Black/African American & White		8	
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:** _____

PUBLIC SERVICE PROGRAM SELF-CERTIFICATION
VERIFICATION BY COUNTY OF TUOLUMNE FOR CDBG FUNDED

Page 2 to be filled out by Program Operator

Public Service Information:

Name of Public Service(s): Food Distribution

Name of Agency Providing the Public Service: ATCAA, Amador-Tuolumne Community Action Agency Address

where Public Service is being provided: ATCAA Food Bank, Jamestown, CA

Participant/Beneficiary Family Income and Location Verification:

Effective Date of the Income Limit Chart being used: 4/23/2025

- Family is:
- ☐ 30% or less (Extremely Low Income)
 - ☐ 31% - 50% (Low Income)
 - ☐ 50% - 80% (Moderate Income)
 - ☐ Over 80% of median income: NOT ELIGIBLE FOR CDBG ASSISTANCE

Current HCD Income Limits*4/23/2025

Number of Persons in Household

	1	2	3	4	5	6	7	8
Extremely Low (30%)	\$21350	\$24400	\$27450	\$32150	\$37650	\$43150	\$48650	\$54150
Very Low (50%)	\$35600	\$40650	\$45750	\$50800	\$54900	\$58950	\$63000	\$67100
Low (80%)	\$56950	\$65050	\$73200	\$81300	\$87850	\$94350	\$100850	\$107350

Responsible agency staff must circle the income level of the Participant/Beneficiary's family based on family size and income certified on page one* current, income levels must be obtained at HCD's website NOT HUD's website.

Name of Participant/Beneficiary: _____

Physical home address is: ☒ Within Service Area ☐ Outside of Service Area

NOTE: Significant number of program participants/beneficiaries must reside in the program service area.

NOTE: This completed certification, whether Beneficiary was assisted or not, must be maintained in the Program file for review at time of monitoring.

Printed Program Operator Name

Job Title

Signature: _____

Date: _____

Eligibility is valid until (three years after signed certification)

Date: _____

Updated 5/6/25 ATCAA