

**SELF-DECLARATION REPORT**

Federal regulations require that we obtain this information to document that assistance is being provided to low and moderate-income households. The Participant/Guardian should complete this form indicating all persons residing within their household, regardless of whether or not they are related. The Sub-recipient should retain this form in a locked file cabinet for monthly reporting requirements as well as for on-site monitoring visits.

**INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL.**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

PARTICIPANT STATUS (Check One):                     FAMILY                     INDIVIDUAL

**HOUSEHOLD INFORMATION**                    \_\_\_\_\_ Female Head of Household (Answer Yes or No)

**Circle the number of family and non-family members living in the household and the household income level in the same column as the household size.**

*(Guidelines Effective date is March of 2016)*

Household Size	1	2	3	4	5	6	7	8
Extremely Low Income (0% - 30%)	Up to... \$17,700	Up to... \$20,200	Up to... \$22,750	Up to... \$25,250	Up to... \$28,440	Up to... \$32,580	Up to... \$36,730	Up to... \$40,890
Low Income (31% - 50%)	\$17,701 to \$29,450	\$20,201 to \$33,650	\$22,751 to \$37,850	\$25,251 to \$42,050	\$28,441 to \$45,450	\$32,581 to \$48,800	\$36,731 to \$52,150	\$40,891 to \$55,550
Moderate Income (51% - 80%)	\$29,451 to \$46,000	\$33,651 to \$52,600	\$37,851 to \$59,150	\$42,051 to \$65,700	\$45,451 to \$71,000	\$48,801 to \$76,250	\$52,151 to \$81,500	\$55,551 to \$86,750
Non Low/Mod Income (81% to and above)	More than \$46,000	More than \$52,600	More than \$59,150	More than \$65,700	More than \$71,000	More than \$76,250	More than \$81,500	More than \$86,750

Pick the appropriate option that best identifies the participant.

**Indicate Participant's Ethnicity: (Must check one)**

\_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

**Indicate Participant's Race (MUST check one)**

\_\_\_\_\_ White  
\_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ American Indian or Alaska Native and White  
\_\_\_\_\_ Asian and White  
\_\_\_\_\_ Black or African American and White  
\_\_\_\_\_ American Indian or Alaska Native and Black or African American  
\_\_\_\_\_ Other multiple races

Indicate Number of Persons Below:

**ELDERLY PARTICIPANTS**

\_\_\_\_\_ Over 60 years of age

**DISABLED PARTICIPANTS**

\_\_\_\_\_ Permanently Disabled Persons

~~~~~  
I certify that the above information is true and correct to the best of my knowledge.

Participant/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**REPORTE DE DECLARACION**

Regulaciones federales requieren que obtengamos la siguiente información para documentar que estamos suministrando asistencia a familias de bajos o moderados ingresos. El participante o guardián debe completar este formulario indicando todas las personas residiendo en su hogar no importa si son familia o no. El Sub-recipient debe retener este formulario en un archivador con llave para reportes mensuales así como para visitas supervisadas.

**LA INFORMACION EN ESTE FORMULARIO ES CONFIDENCIAL.**

Nombre del Participante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad, Estado, CódigoPostal: \_\_\_\_\_

ESTATUS DEL PARTICIPANTE (Marque uno):                     FAMILIA                     INDIVIDUAL

**INFORMACION de la CABEZA de FAMILIA**                    \_\_\_\_\_ Femenina Cabeza de Familia (Conteste Si o No)

Marque con un círculo el número de miembros de la familia y no familiares que viven en el hogar y el nivel de ingresos en la misma columna que el tamaño del hogar.

*(Regulaciones efectivas desde Marzo 2016)*

| Número de Familia                      | 1                         | 2                         | 3                         | 4                         | 5                         | 6                         | 7                         | 8                         |
|----------------------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|
| Extremadamente Bajo Ingreso (0% - 30%) | Hasta...<br>\$17,000      | Hasta...<br>\$20,200      | Hasta...<br>\$22,750      | Hasta...<br>\$25,250      | Hasta...<br>\$28,440      | Hasta...<br>\$32,580      | Hasta...<br>\$36,730      | Hasta...<br>\$40,890      |
| Bajo Ingreso (31% - 50%)               | \$17,701<br>a<br>\$29,450 | \$20,201<br>a<br>\$33,650 | \$22,751<br>a<br>\$37,850 | \$25,251<br>a<br>\$42,050 | \$28,441<br>a<br>\$45,450 | \$32,581<br>a<br>\$48,800 | \$36,731<br>a<br>\$52,150 | \$40,891<br>a<br>\$55,550 |
| Ingreso Moderado (51% - 80%)           | \$29,451<br>a<br>\$46,000 | \$33,651<br>a<br>\$52,600 | \$37,851<br>a<br>\$59,150 | \$42,051<br>a<br>\$65,700 | \$45,451<br>a<br>\$71,000 | \$48,801<br>a<br>\$76,250 | \$52,151<br>a<br>\$81,500 | \$55,551<br>a<br>\$86,750 |
| Sobre Ingreso (81% o más)              | Más de<br>\$46,000+       | Más de<br>\$52,600+       | Más de<br>\$59,150+       | Más de<br>\$65,700+       | Más de<br>\$71,000+       | Más de<br>\$76,250+       | Más de<br>\$81,500+       | Más de<br>\$86,750+       |

Escoja la opción adecuada que mejor identifica al participante.

**CARACTERÍSTICAS DEL PARTICIPANTE**

**Indicar la clase étnica del participante (Marque uno)**

- \_\_\_\_\_ Hispano o Latino
- \_\_\_\_\_ No Hispano o Latino

**Indicar la Raza del participante (Debe marcar uno)**

- \_\_\_\_\_ Blanco
- \_\_\_\_\_ Indio Americano o Nativo de Alaska
- \_\_\_\_\_ Asiático
- \_\_\_\_\_ Negro o Africo Americano
- \_\_\_\_\_ Nativo de Hawai o otras islas del pacifico
- \_\_\_\_\_ Indio Americano o Nativo de Alaska y Blanco
- \_\_\_\_\_ Asiático y Blanco
- \_\_\_\_\_ Negro o Africo Americano y Blanco
- \_\_\_\_\_ Indio Americano o Nativo de Alaska y Negro o Africo Americano
- \_\_\_\_\_ Personas de multiple razas

Indique el Número de Personas:

**PARTICIPANTE ANCIANOS**

\_\_\_\_\_ Mayor de 60 años de edad

**PARTICIPANTE DESHABILITADO**

\_\_\_\_\_ Personas Deshabilitada Permanente

Yo certifico que la previa información es correcta a mi mejor habilidad posible.

Participante/Guardian: \_\_\_\_\_ Fecha: \_\_\_\_\_