APPENDIX C

SELF-DECLARATION OF INCOME REPORT

INFORMATION PROVIDED ON THIS FORM IS KEPT CONFIDENTIAL AND IS NOT SHARED WITH ANY OTHER AGENCIES

PARTICIPANT INFORMATION

PARTICIPANT STATUS: ☐ INDIVIDUAL ☐ HOUSEHOLD

Participant Name: _____

City, State, Zip Code: _____

ETHNICITY*:*

☐ Hispanic or Latino

RACE *(please select only one):*

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaska Native
☐ Native Hawaiian/Other Pacific Islander
☐ Other Multi-Racial:
☐ American Indian/Alaskan Native ***and*** White
☐ Asian ***and*** White
☐ Black/African American ***and*** White
☐ American Indian/Alaskan Native ***and*** Black/African American

HOUSEHOLD INFORMATION

☐ Female Head of Household

Circle the corresponding income level for your household.

Household Size	(0% - 30%)	(31% - 50%)	(51% - 80%)	(81% and above)
1 →	$0-$28,850	$28,851-$48,100	$48,101-$74,800	$74,801+
2 →	$0-$33,000	$33,001-$54,950	$54,951-$85,450	$85,451+
3 →	$0-$37,100	$37,101-$61,800	$61,801-$96,150	$96,151+
4 →	$0-$41,200	$41,201-$68,650	$68,651-$106,800	$106,801+
5 →	$0-$44,500	$44,501-$74,150	$74,151-$115,350	$115,351+
6 →	$0-$47,800	$47,801-$79,650	$79,651-$123,900	$123,901+
7 →	$0-$51,100	$51,101-$85,150	$85,151-$132,450	$132,451+
8 →	$0-$55,720	$55,721-$90,650	$90,651-$141,000	$141,001+

(FY2026 Median Family Income)

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

Participant/Guardian: _____ Date: _____

(Original signature is required)

Federal regulations require we obtain this information to document 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 Grantee should retain this form for monthly reporting requirements as well as on-site monitoring visits.