

**CITY OF STOCKTON
SELF-CERTIFICATION FAMILY INCOME VERIFICATION
URBAN FARMERS AND COTTAGE FOODS GRANT**

Following to be completed by the PROGRAM BENEFICIARY

Please check the income you estimate was your total family income **and** the number of family members residing in your household for the past 12-month period. Income is defined as the total annual gross income of all **family members** 18-years of age or older residing within the home. Family means all persons living in the same household who are related by birth, marriage or adoption.

Check estimated family income for
the past 12 months

- Below \$41,450
- \$41,451 to \$47,400
- \$47,401 to \$53,300
- \$53,301 to \$59,200
- \$59,201 to \$63,950
- \$63,951 to \$68,700
- \$68,701 to \$73,450
- \$73,451 to \$78,150
- Over \$78,150

Check the number of family members living
in your household during the past 12 months

- 1 Person
- 2 Persons
- 3 Persons
- 4 Persons
- 5 Persons
- 6 Persons
- 7 Persons
- 8 Persons

OTHER DEMOGRAPHIC INFORMATION

Ethnicity: Hispanic or Non-Hispanic

Race (please check one):

- | | |
|---|---|
| <input type="checkbox"/> White (Caucasian) | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native & White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> American Indian/Alaskan Native & Black |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> Other |

Does your family have a **Female Head of the Household**? Yes or No

If this is a new position, were you previously **unemployed**? Yes or No

Program Beneficiary Name (please print): _____

Signature (Parent/Guardian if under 18 years old)

Date