



## Pleasant Valley Recreation & Park District Food Distribution Program Demographic Form

Pleasant Valley Recreation & Park District appreciates your participation in the Food Distribution Program, funded in part by a grant from the City of Camarillo and the Department of Housing and Urban Development. All information collected is for reporting purposes only.

### Client Information

Please answer all question in ink or by computer. Write N/A where appropriate. Please write legibly.

Full Legal Name:		Date of Birth:
Email:	Phone:	
Home Address:		
City:	State:	Zip Code:
Alternate Contact:		Alt. Phone:

### Demographic Information

Please answer all question in ink or by computer. Write N/A where appropriate.

Please use 2021 HUD Income Limits chart below for Income Status question.

Age:	Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:
Do you identify as Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Please specify your race:</u> <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska 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"/> Black/African American & White <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Other:	<u>Please specify your income status:</u> <input type="checkbox"/> Extremely Low Income(<30% AMI) <input type="checkbox"/> Low Income (31-50% AMI) <input type="checkbox"/> Moderate Income (51-80% AMI) <input type="checkbox"/> Non-Low/-Moderate Income(>81% AMI)  <u>Reasons for COVID-Related Loss of Income:</u> <input type="checkbox"/> Laid Off <input type="checkbox"/> Reduced Work Hours <input type="checkbox"/> Reduced Wages or Salaries <input type="checkbox"/> Unable to Work Remotely

Income Category	2021 HUD Income Limits Based on Number of Persons in Household							
	1	2	3	4	5	6	7	8
Extremely Low-Income (<30% AMI)	\$23,600	\$26,950	\$30,300	\$33,650	\$36,350	\$39,050	\$41,750	\$44,660
Low-Income (31-50% AMI)	\$39,250	\$44,850	\$50,450	\$56,050	\$60,550	\$65,050	\$69,550	\$74,000
Moderate-Income (51-80% AMI)	\$62,800	\$71,800	\$80,750	\$89,750	\$96,900	\$104,100	\$111,250	\$118,450

**PLEASE PROCEED TO PAGE 2**

#### OFFICE USE ONLY

Date Submitted: \_\_\_\_\_ Distribution Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

## Household Information

Please answer all question in ink or by computer. Write N/A where appropriate. Please write legibly.

Please Specify Total Number of Household Members:     1-3     4-6     7+

**Please fill out one line below for each family member in household.**

Last Name, First Name, M.I.	Age	Birthdate	Gender Identity	Race	Hispanic/Latino?	Income Status
1			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
2			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
3			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
4			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
5			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
6			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
7			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
8			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
9			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
10			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
11			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
12			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
13			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
14			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	
15			<input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O		<input type="checkbox"/> Y <input type="checkbox"/> N	

Please continue below signature line if more space is needed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_