



July 1, 2025 – June 30, 2026 Family Food Distribution Program Application

The **FAMILY Food Distribution Program** provides families who reside in Signal Hill with a food voucher card each month to be used at Mother's Nutritional Center Market. Adults, ages 18+, must meet the 2025 CDBG Program guidelines for low-income families.

This form and supporting documents may also be emailed to comservices@cityofsignalhill.org or mailed to: **Parks, Recreation and Library Services, 1800 E. Hill Street, Signal Hill 90755**

Please complete the information below and contact the Parks, Recreation and Library Services Department (562) 989-7330 if you have any questions.

Program Guidelines:

- The program operates on a first come, first served basis. Extremely-low and low-income Signal Hill residents are eligible for the program, others will be considered as funding is available. A waitlist will be established once the program is filled to its maximum capacity.
- Participant's income is determined by the sum of all adults with income in the household.
- Participant will be removed from the program if food voucher card is not used for 2 months. Once removed participants may reapply one additional time during the July 1, 2025 – June 30, 2026 period. Participant may be asked to resubmit documents during the program year to verify continued eligibility.
- Cards will be available on the first business day of each month at the Parks, Recreation and Library Services Department Office at 1800 E. Hill Street, next to the Library main entrance.

Applicants must provide current copies of the following information with this application:

- Photo ID
- Proof of Signal Hill Residency (Current Utility Bill, Bank Statement)
- Income certification of all adults in household

PARTICIPANT INFORMATION *Please print*

Household Income: _____

Total Number of persons in household: _____ **Ages:** 0-4 _____ 5-17 _____ 18-55 _____ 55+ _____

Last Name: _____ First Name: _____

Street Address: _____ City: Signal Hill Zip: 90755

Daytime Phone No.: _____ Evening No.: _____

Email: _____

EMERGENCY CONTACT PERSON

Last Name: _____ First Name: _____

Daytime Phone No.: _____ Evening No.: _____

PUBLIC SERVICE INCOME SELF-CERTIFICATION FORM

Name _____

Address: _____

Census Tract: _____

Contract Period: _____

Project Name: Family Food Distribution Program

- **Number of People in Household:** _____
- **Please circle your household size and income level (from all sources):**

2025 INCOME LIMITS

Number of Persons	Extremely Low-Income	Low-Income	Moderate-Income
1	\$31,850	\$53,000	\$84,850
2	\$36,400	\$60,600	\$96,950
3	\$40,950	\$68,150	\$109,050
4	\$45,450	\$75,750	\$121,150
5	\$49,100	\$81,800	\$130,850
6	\$52,750	\$87,850	\$140,550
7	\$56,400	\$93,900	\$150,250
8	\$60,000	\$100,000	\$159,950

- **Ethnic Background:**

Racial Background:

Mark **X** next to the category that best describes your origin.

Single Categories

American Indian/ Alaska Native

Asian

Black/African American

Native Hawaiian/Other Pacific Islander

White

Double Categories:

American Indian or Alaska Native and White

Asian and White

Black or African American and White

American Indian or Alaskan Native and Black or African American

Other-for individuals not identified above

Household Information - Check one:

A female heads the household where this client resides.

A male heads the household where this client resides.

Ethnic Background

Mark **X** next to the category that best describes your ethnicity.

Yes, Hispanic/Latino

No, Not Hispanic/Latino

I certify that the above information is true and accurate, and that supporting documentation can be provided upon request.

Applicant's Signature

Date

Agency's Approval

Date