



**July 1, 2025-June 30, 2026**

## Senior Food Distribution Program Application

The **SENIOR Food Distribution Program** provides Signal Hill residents with an option of supplemental groceries (mixture of meats, poultry, fruits, vegetables, dry goods, and canned groceries on a monthly basis) to senior citizens who are 55 years of age and older. Seniors must reside in Signal Hill and meet the program's income criteria. Please complete the information below and the attached Public Service Self-Certification Form in its entirety.

Submit application to: **Parks, Recreation and Library Services, 1800 E. Hill Street, Signal Hill 90755**

Forms and documents may also be emailed to [comservices@cityofsignalhill.org](mailto:comservices@cityofsignalhill.org) or faxed to 562-989-7394

### Food Distribution Program Guidelines:

- The program operates on a first come, first serve 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.
- If participant is not available to pick-up the box of groceries, call (562) 989-7330 the day before distribution day to notify staff.
- Participant will be removed from the program if he/she/they misses 3 distributions in a row. Once removed participants may reapply for the following Fiscal Year which begins July 1 or he/she/they will be placed on the waitlist. Participant may be asked to resubmit documents during the program year to verify continued eligibility.

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

- Proof of Signal Hill residency (2 Forms Required: Photo ID & Current Utility Bill)
- Income certification- Public Service Income Self-Certification Form

### PARTICIPANT INFORMATION: *Please print*

Number of persons in household: \_\_\_\_\_

Household Income: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: Signal Hill Zip: 90755

Daytime Phone No.: \_\_\_\_\_ Evening No.: \_\_\_\_\_

Birth date: \_\_\_\_\_

Email: \_\_\_\_\_

Notes: \_\_\_\_\_

### EMERGENCY CONTACT PERSON:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Daytime Phone No.: \_\_\_\_\_ Evening No.: \_\_\_\_\_

**For information, please contact the Parks, Recreation and Library Services Department  
(562) 989-7330.**

## PUBLIC SERVICE INCOME SELF-CERTIFICATION FORM

Name \_\_\_\_\_

Address: \_\_\_\_\_

Census Tract: \_\_\_\_\_

Contract Period: \_\_\_\_\_

Project Name: Senior Food Distribution Program

1. Number of People in Household: \_\_\_\_\_

2. 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

3. 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