

# **AGE VERIFICATION NON-HOUSING PROGRAM SELF-CERTIFICATION FORM**

Agency Name: City of Signal Hill

Project Name/No.: Food Distribution

Applicant Name: (Please print) \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

## **THIS IS A FEDERALLY-FUNDED PROGRAM. FOR REPORTING PURPOSES ONLY, PLEASE PROVIDE THE FOLLOWING DEMOGRAPHIC INFORMATION**

**Racial Background**

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

**Single Categories**

- American Indian/Alaskan Native
- Asian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- White

**Double Categories**

- American Indian or Alaskan 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

**Ethnic Background**

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

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino

**Household Information – Check one**

- A female heads the household where this client resides.
- A male heads the household where this client resides.

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 \_\_\_\_\_

Approver's Name Alison Dobay  
(Please Print)

Position Community Services Manager