

**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