Community Development Block Grant Program
Department of Community Development

Equal Housing Opportunity

EQUAL OPPORTUNITY/INCOME STATUS DETERMINATION

The Fondy Food Pantry (FFP) has received grant funding from the City of Fond du Lac utilizing federal Community Development Block Grant (CDBG) funds. The intention of the program is to assist persons living in low and moderate-income households. Please answer the following questions so we may document the effectiveness of the program.

(1) **Household Size/Income Status (Please check only one box) –** Find your household size in the left hand column. Indicate by (✓) checking, (on the same line as your household size) your **TOTAL** household income as being either **BELOW, WITHIN** or **ABOVE** the income range listed for your household size. **COMPLETE THIS FORM USING HOUSEHOLD INCOME AT THE TIME OF ENROLLING FOR FFP SERVICES.**

Household Size	Income Range	Below Range	Within Range (B)	Above Range (A)
1	$26,401 – $42,200			
2	$30,151 – $48,200			
3	$33,901 - $54,250			
4	$37,651 – $60,250			
5	$40,701 – $65,100			
6	$43,701 –$69,900			
7	$46,701 –$74,750			
8	$49,701 – $79,550			

(2) If you checked "within range" or "above range" as your response to question (1) above, **SKIP** question (2). However, if you checked "below range" please complete the additional table below in the same manner as question (1).

Household Size	Income Range	Below Range (D)	Within Range (C)
1	$15,850 – $26,400		
2	$18,100 – $30,150		
3	$21,960 – $33,900		
4	$26,500 – $37,650		
5	$31,040 – $40,700		
6	$35,580 – $43,700		
7	$40,120 – $46,700		
8	$44,660 – $49,700		

I hereby certify that the statements made by me are true and correct to the best of my belief and knowledge. _____

Equal Opportunity

*** Please check the most appropriate box that best describes your household characteristics.**

(3) What is your household ethnicity? (Check only one box.)

❑ Hispanic ❑ Non-Hispanic

(4) Please check only one box that best describes your household's race.

❑ White
❑ Asian
❑ Asian/White
❑ Black/African American
❑ Black/African American & White
❑ American Indian/Alaskan Native
❑ American Indian/Alaskan Native & White
❑ American Indian/Alaskan Native & Black/African American
❑ Native Hawaiian/Other Pacific Islander
❑ Balance/Other

(5) Do you consider anyone in your household to be handicapped or disabled? (Check only one box.)

❑ Yes ❑ No

(6) The head of your household is: ❑ Male ❑ Female

(7) ❑ I do not wish to provide this information.

This information is subject to verification by the City of Fond du Lac or the federal government.

Applicant's Name _____
Applicant's Address _____
_____

Signature_____ Date _____

*** The information requested on this form and the application regarding race, ethnicity and handicapped status is needed to analyze and assure compliance with Federal Equal Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the success of our equal opportunity program.**