

South Kitsap Helpline Food Bank Client Information Sheet

All food program clients are asked to fill this form out once each year. Please ask if you have any questions.

Last Name _____ First Name _____ Middle Initial: _____ DOB ___/___/___ Sex _____

Address _____ City _____ Zip _____

Phone (____) _____ or email: _____

Is this a single parent household? Y N Female head of household? Y N

Are you a present or past member of the military? Y N

Are you the spouse or partner of someone in the military? Y N

Please list anyone else living in your household that you provide food for:

Last _____ First _____ MI _____ Birthdate ___/___/___ Sex _____

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(more information needed on the back page)

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Last _____ First _____ MI _____ Birthdate ___/___/___ Sex _____

Please look and see where your household falls on the charts to the right and check the category that is most appropriate. 
Please note: This information is only tracked for grants we receive here. It will not impact your ability to receive services as we are a need-based agency, not income-based one. Thank you!

Category #1 (check)	
VERY LOW-INCOME	
# in HH	Annual Income
1	0--\$21,600
2	0--\$24,000
3	0--\$27,800
4	0--\$30,850
5	0--\$33,350
6	0--\$35,800
7	0--\$38,300
8	0--\$40,750
9	0--\$43,200
10	0--\$45,650
11	0--\$48,150

Category #2 (check)	
LOW-INCOME	
# in HH	Annual Income
1	\$21,601--\$36,050
2	\$24,001--\$41,200
3	\$27,801--\$46,350
4	\$30,851--\$51,450
5	\$33,351--\$55,600
6	\$35,801--\$59,700
7	\$38,301--\$63,800
8	\$40,751--\$67,950
9	\$43,201--\$72,050
10	\$45,651--\$76,150
11	\$48,151--\$80,250

Category #3 (check)	
MODERATE INCOME	
# in HH	Annual Income
1	\$36,051--\$57,650
2	\$41,201--\$65,850
3	\$46,351--\$74,100
4	\$51,451--\$82,300
5	\$55,601--\$88,900
6	\$59,701--\$95,500
7	\$63,801--\$102,100
8	\$67,951--\$108,650
9	\$72,051--\$115,200
10	\$76,151--\$121,800
11	\$80,251--\$128,400

I certify that the income information above is complete and accurate. I will agree to provide if requested documentation of income sources to the HUD (Kitsap County CDBG Program) Grant if requested. The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the U.S. Government.

I will not barter, trade or sell the food that I receive from the South Kitsap Helpline. In signing this form, I agree to the sharing of information to other assistance agencies as needed. I understand I may receive my commodities and holiday food from only one area food bank. I certify that the information I have provided here is true and to the best of my knowledge.

Signature: _____

Date: ___/___/___

Form updated 6/15/22