

**Amherst Survival Center CDBG Self-Declaraton Form COVID-19 ENROLLMENT**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

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

1. Circle the number of people in your household in the top row of the chart below.
2. Under your family size, please circle the amount which shows the income you earned (including earnings of anyone age 18+ in your household).

For office use:	1	2	3	4	5	6	7	8	9	10	11	12	13	14
0-30% AMI/ USDA	\$0 - \$17,950	\$0 - \$20,500	\$0 - \$23,050	\$0 - \$26,200	\$0 - \$30,700	\$0 - \$35,160	\$0 - \$39,650	\$0 - \$44,100	\$0 - \$48,450	\$0 - \$52,900	\$0 - \$57,400	\$0 - \$61,850	\$0 - \$66,300	\$0 - \$70,750
31-50% AMI/ USDA	\$17,951- \$29,900	\$20,501- \$34,200	\$23,051- \$38,450	\$26,201- \$42,700	\$30,701- \$46,150	\$35,161- \$49,550	\$39,651- \$52,950	\$43,101- \$56,400	\$48,451- \$59,800	\$52,901- \$63,200	\$57,401- \$66,600	\$61,851- \$70,050	\$66,301- \$73,450	\$70,751- \$76,850
51-80% AMI/ USDA	\$29,901- \$31,900	\$34,201- \$43,100	\$38,451- \$54,300	\$42,701- \$65,500	\$46,151- \$73,800	\$49,551- \$79,250	\$52,951- \$84,700	\$56,401- \$90,200	\$59,801- \$96,300	\$63,201- \$102,200	\$66,601- \$108,100	\$70,051- \$114,000	\$73,451- \$119,850	\$76,851- \$125,760
51-80% AMI/ NONU	\$31,901- \$47,850	\$43,101- \$54,650	\$54,301- \$61,500	\$65,501- \$68,300										
>80% AMI/ USDA					\$73,801- \$76,700	\$79,251- \$87,900	\$84,701- \$99,100	\$90,201- \$110,300	\$96,301- \$121,500	\$102,201- \$132,700	\$108,101- \$143,900	\$114,001- \$155,100	\$119,851- \$166,300	\$125,761- \$177,500
>80% AMI/ NONU	\$47,851 +	\$54,651 +	\$61,501 +	\$68,301 +	\$76,701 +	\$87,901 +	\$99,101 +	\$110,301 +	\$121,501 +	\$132,701 +	\$143,901 +	\$155,101 +	\$166,301 +	\$177,501 +

Providing the following information is optional. However, data is needed for statistical purposes. Thank you for considering completing this information.

**Circle Race**

White	Native Hawaiian/Other Pacific Islander	Black/African American and White
Black/African American	Asian	Asian and White
American Indian/Alaskan Native	American Indian/Alaskan Native & White	American Indian/Alaskan Native & Black/African American
Other/Multi Racial		

**Please check one:**  
 Hispanic  
 Not Hispanic

**Please check if any apply to you:**  
 Female Head of Household  
 Disabled  
 Senior (60 years +)

I, \_\_\_\_\_ certify that the information I have given in this application is true and correct.

Print Name

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## COVID-19 Enrollment

<b>Phone #:</b>		<b>Email Address:</b>			
<b>Benefits Received by anyone in household</b>					<b>Consumer ID #:</b>
AFDC	Yes	No	Fuel Assistance	Yes	No
TAFDC	Yes	No	SNAP	Yes	No
SSI	Yes	No	Veteran's Aid	Yes	No
MA Health/ Medicaid	Yes	No	Senior Box	Yes	No
<b>Do you authorize anyone outside of your household to pickup your monthly Food Pantry shopping?</b>					
Name:			Relationship:		
Name:			Relationship:		
<b>How did you learn about the Amherst Survival Center?</b>					
<b>How many cats do you have?</b>			<b>How many dogs do you have?</b>		
<b>List Household Member #1</b>					<b>POA</b>
First Name		Middle Name		Last Name	
Date of Birth		Gender/ Pronouns		College Student	Yes No
Race/ Ethnicity		Preferred Language		Where?:	
Vegetarian		Yes	No	Veteran	
Nut Free		Yes	No	Yes	No
Dairy Free		Gluten Free		Yes	No
<b>Does this person need any of the following products:</b>					
Diapers	Size 0	Size 1	Size 2	Size 3	Size 4 Size 5 Size 6
Menstrual Products	Yes	No			
(EITHER) Bladder Pads	Yes	No	SM	MED	LG XL
(OR) Adult Briefs	Yes	No	Women's	Men's	
Bed Pads	Yes	No			
<b>List Household Member #2</b>					<b>POA</b>
First Name		Middle Name		Last Name	
Date of Birth		Gender/ Pronouns		College Student	Yes No
Race/ Ethnicity		Preferred Language		Where?:	
Vegetarian		Yes	No	Veteran	
Nut Free		Yes	No	Yes	No
Dairy Free		Gluten Free		Yes	No
<b>Does this person need any of the following products:</b>					
Diapers	Size 0	Size 1	Size 2	Size 3	Size 4 Size 5 Size 6
Menstrual Products	Yes	No			
(EITHER) Bladder Pads	Yes	No	SM	MED	LG XL
(OR) Adult Briefs	Yes	No	Women's	Men's	
Bed Pads	Yes	No			
<b>List Household Member #3</b>					<b>POA</b>
First Name		Middle Name		Last Name	
Date of Birth		Gender/ Pronouns		College Student	Yes No
Race/ Ethnicity		Preferred Language		Where?:	
Vegetarian		Yes	No	Veteran	
Nut Free		Yes	No	Yes	No
Dairy Free		Gluten Free		Yes	No
<b>Does this person need any of the following products:</b>					
Diapers	Size 0	Size 1	Size 2	Size 3	Size 4 Size 5 Size 6
Menstrual Products	Yes	No			
(EITHER) Bladder Pads	Yes	No	SM	MED	LG XL
(OR) Adult Briefs	Yes	No	Women's	Men's	
Bed Pads	Yes	No			

*Make copies of this page for additional household members*