

EXHIBIT A
MDHA SUMMER YOUTH ENRICHMENT AND WORK PROGRAMS

Self-Declaration Form
For
Salama Urban Ministries

(Name of Program)

We received a portion of our summer youth program funding from Community Development Block Grant (CDBG) funds. Documentation of family income is a requirement for us to receive these funds. Please give us an honest account of your family's income (before taxes come out). Your child will not be disqualified for this program because of income, so please be as accurate and honest as possible. Thank you!

NAME OF PARTICIPATING YOUTH: _____
(Please Print)

ADDRESS OF YOUTH: _____
Street Address Zip Code

DO YOU RESIDE IN PUBLIC HOUSING? ___ YES ___ NO

IF YOU ANSWERED "YES", PLEASE GIVE NAME OF THE MDHA PROPERTY WHERE YOU LIVE

Please enter the appropriate number of persons and the level of gross (before taxes are taken out) annual income that applies to your household

<u>Number in Household</u>	<u>Annual Gross Income</u>
_____ persons	_____

I certify that the information on this form is accurate and to the best of my knowledge.

AUTHORIZATION TO RELEASE PROGRAM PHOTOGRAPHS:

I authorize your organization and the Metropolitan Development and Housing Agency to utilize photographs, which may include my child/children, to be used in media releases.

Parent/Guardian's Signature Date

Telephone Number _____

FOR SUMMER YOUTH PROGRAM AGENCY USE ONLY:

Please indicate the income level category for this application based on the income limits by family size for the 2022 program year:

_____ 30% AMI _____ 50% AMI _____ 80% AMI _____ over 80% AMI

PARTICIPANT DATA

We must report expenditure of funds by race/ethnic group, disability and head-of-household to HUD each year. Please check the appropriate line in each of the following categories (1-5).

1. Everyone Please Check One

- Hispanic
- Non-Hispanic

2. Everyone Please Check One

- Single Race (If you check this line, please go to #3)
- Multi-Race (For example, Mother is White, Father is African-American) (If you check this line, please go to #4)

3. If you checked Single Race, Please Check One

- Alaskan, Native or American Indian
- Asian
- Black or African-American
- Pacific Islander
- White

4. If you checked Multi-Race, Please Check One

- Alaskan/Native or American Indian AND White
- Asian AND White
- Black or African-American AND White
- Alaskan, Native American Indian AND Black or African American
- Others _____

5. Please let us know if the head of household has a disability.

- The head of household has a disability
- The head of household does not have a disability

THANK YOU FOR YOUR ASSISTANCE!