



Community Services Department  
**PROGRAM PARTICIPANT INFORMATION FORM**

Agency: \_\_\_\_\_

**PARTICIPANT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone#: \_\_\_\_\_

MM/DD/YYYY

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_ Ethnicity: ☐ Hispanic ☐ non-Hispanic  
*Number Street Name City, State Zip Code*

Race: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian / Alaska Native ☐ Native Hawaiian / Pacific Islander

☐ American Indian / Alaska Native *and* White ☐ Asian *and* White ☐ Black / African American *and* White

☐ American Indian / Alaska Native *and* Black or African American ☐ Other / Multi-Racial

Check all that apply: ☐ Female Head of Household ☐ Physically disabled ☐ Homeless ☐ Over 55 years of age

**FAMILY COMPOSITION & INCOME** (Include everyone who is living in the house)

	Full Legal Name	Sex	Date of Birth	Age	Social Security Number	Relationship to Participant	Source of Income (Employment, SSI, etc.)	Annual Income
1								
2								
3								
4								
5								
6								
7								
8								

I certify that all the above information is true and correct, and that all income is reported. I understand that this information is given so that this agency can receive Federal Funds from the Department of Housing and Urban Development. I understand that the information I have provided can be verified by the City of Waco or by HUD and that deliberate misrepresentation may subject me to prosecution under applicable state and federal law.

Name of participant, parent, guardian, etc.: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

*Print Name*

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