



Bell County H.E.L.P. Center
204 Priest Drive
Killeen, TX 76541



Attention Veterans! 2022 Santa Pal Program Opening

From: Bring Everyone In The Zone, Inc. - Bell County Human Services & Hill Country Community Action Association-Killeen – Exchange Club of Killeen

Subject: Thanksgiving food, Christmas food and Santa Pal Toys for Veteran Families only

An updated HUD Self-Certification Statement on Annual Family Income for the 2022 is all that is needed to get your family on the list for Thanksgiving food, Christmas food and our Santa Pal Program and is enclosed in this envelope.

The Thanksgiving food, and Christmas food programs use the same information. Food for Thanksgiving must be picked up Tuesday, November 22 between 8:30 and noon. Food for Christmas must be picked up by Monday December 19 between 8:30 and noon. The Santa Pal program is available to any of the Veterans we have served with children 1-11 years of age on a first come/first serve basis. You will be notified when your Toys are ready for pick up. There are a limited number of resources available on a first come, first serve and basis. Applicants must bring picture ID to pick up food/toys. No double dipping, please.

All we require is completing and signing the enclosed:

Updated HUD Self-Certification Statement of Annual Family Income.

We are not responsible for any injuries resulting in receipts of free toys.



United Way of Greater
Fort Hood Area

SELF-CERTIFICATION STATEMENT OF ANNUAL FAMILY INCOME

for Federally funded programs

Client Name: _____ **Phone #:** _____ **Address:** _____ **City, State, Zip Code:** _____

Client and Family Member Information:					Ethnicity – mark Y or N		MONTHLY FAMILY INCOME					
CLIENT FAMILY MEMBERS Miembros de la familia	AGE edad	Gender Male Female	DATE OF BIRTH Fecha de nacimiento MM/YYYY	RELATION TO CLIENT Relacion con el paciente	if you are of Hispanic, Latino, Spanish origin. Race – mark the number that identifies your Race ETHNICITY RACE		Enter the MONTHLY DOLLAR AMOUNT for each category of income listed; If none then enter zero “0”					
(LIST EACH FAMILY MEMBER) Listar a cada miembro de la familia							Employment empleo	TANF	Social Security seguidad social	SSI / Disability SSI / discapa- ciudad	Pension/ Retirement Pension / jubi- lacion	All Other Income Todos los demas ingresos
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.												
10.												
Agency Calculate Total Monthly income all sources \$												

Family Member Ethnicity and Race

The Federal Government <u>requires</u> this collection of the following information from individuals, families, and households assisted through Community Development Block Grant funded programs.		
ETHNICITY	RACE - Select one (1) category as applicable to each person in the family and write that number next to the name in the space above.	
<p>–Write a “Y” in the space above for each person in the household that self-identifies as being of Hispanic, Latino, or other Spanish origin as described below.</p> <p>A person that self-identifies as being Hispanic, Latino, or of Spanish origin is considered as Hispanic if that person is of Mexican, Mexican American, Chicano, Puerto Rican, Cuban or another Origin such as Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.</p>	<p>11 WHITE – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p>	<p>16 AMERICAN INDIAN/ALASKA NATIVE & WHITE – A person having these multiple race heritages as defined above.</p>
	<p>12 BLACK/AFRICAN AMERICAN – A person having origins in any of the black racial groups of Africa</p>	<p>17 ASIAN & WHITE – A person having these multiple race heritages as defined above.</p>
	<p>13 ASIAN – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand and Vietnam.</p>	<p>18 BLACK/AFRICAN AMERICAN & WHITE – A person having these multiple race heritages as defined above.</p>
	<p>14 AMERICAN INDIAN/ALASKA NATIVE – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains affiliation or community attachment.</p>	<p>19 AMERICAN INDIAN/ALASKA NATIVE & BLACK/AFRICAN AMERICAN - A person having these multiple race heritages as defined above.</p>
	<p>15 NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER – A person having origins in any of the original people of Hawaii, Guam, Samoa or other Pacific Islands.</p>	<p>20 OTHER MULTI RACIAL – Other multi racial heritages not defined and included in any of the other categories listed above.</p>

I certify that all of the above information is true and correct and that all family income is reported. I understand that this information is given so that this agency can receive Federal funds from the U.S. Department of Housing and Urban Development (HUD). I understand that the information I have provided can be verified by any granting entity and/or Federal agency and the deliberate misrepresentation of this information may subject me to prosecution under applicable state and Federal Law.

Nombre impreso del cliente _____ firma de cliente _____ ingrese la fecha de hoy _____

Client Printed Name: _____ **CLIENT SIGNATURE** _____ **Date:** _____

Agency use only:	HUD Income Limits Date _____	REV 2022
Quarter Assisted:	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th	Total Annual Household Income: \$ _____ Client Median Income: <input type="radio"/> ≤30% <input type="radio"/> ≤50% <input type="radio"/> ≤80% <input type="radio"/> OVER 80% AMI

Instructions for Completing the Killeen Community Development Department Self Certification of Annual Family Income

Read the instructions for each item carefully before completing the form. The assisted client must complete and sign this certification form.

Please fill in the following:

Client Name, Phone #, Address, City, State, Zip: Write your name, Telephone Number, Residence Number and Street Address, City, State, Zip Code.

Client and Family Member Information:

Begin on line 1

In box #1 - Write your Name, Indicate your current age, Indicate your associated gender as either Male or Female, enter your date of birth, indicate your relationship to the client. (*example – if Joe is the Client listed on the top of the form, Joe will be listed on line 1 and the relationship will be “self”*)

Box #2 through #6 - For each family member that lives with you - Write your family member's Name, Age, Indicate whether the person identifies as a Male or Female, enter their date of birth, indicate the relationship to you (Spouse, Son, Daughter, Mother, Father, Sister, Brother, Cousin, etc.)

Family Member Ethnicity and Race:

Ethnicity - For each family member, including the client – Indicate whether the family members are of Hispanic or Latino origins as described in the information box - Write Y for yes or N for no for the answer.

Race – For each family member, including the client – Write the number that indicates each person's race as described from the available list in the information box.

(Example – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand or Vietnam would indicate their Race as Asian - #13.)

Monthly Family Income:

For each family member that lives in the client household, including the client – Write that family member's monthly income in the space provided according to the income type. If the income is received from another source other than those listed, place the total monthly amount in the space indicated at “Other Income”. If income is not received for a particular category, enter a zero “-0-” or write “NONE”.

Certification – Read this information carefully and understand the certification statement.

Print Client Name - Write/Print the client name on the line provided.

Client Signature - Client is to sign their name on the line provided. (In the event that the “Client” is a minor child [under the age of 18 years] the Parent or Legal Guardian must complete and sign for the client)

Date – Write the date the form is signed by the client.

Agency Use Only

- Agency to Calculate Total Monthly Income all sources- Agency Staff to calculate the total monthly household income and enter it on the line.
- Quarter Assisted - Place an “X” or a “Check Mark” in the box indicating the quarter the client was first assisted in the fiscal year.
- Total Annual Household Income – Calculate the total annual household income by multiplying the “Total Monthly Income all sources” for the family and enter the annual amount in the space provided.
- HUD Income Limits Date – Write the Month, and Year of the applicable the income limits.
- Client Median Income – Check the appropriate income level after comparing the annual household income and family size to the applicable HUD Income Limits Chart.