

ATTACHMENT B: REQUIRED CITY OF BERKELEY INTAKE ELEMENTS

AGE:

<input type="checkbox"/> 0 – 5 <input type="checkbox"/> 6 – 11 <input type="checkbox"/> 12 – 17 <input type="checkbox"/> 18 – 24	<input type="checkbox"/> 25 – 44 <input type="checkbox"/> 45 – 54 <input type="checkbox"/> 55 - 61 <input type="checkbox"/> 62 and over
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ETHNICITY (Please also make a selection from the “RACE” options in the next box)

Hispanic / Latino(a): <input type="checkbox"/> Yes <input type="checkbox"/> No
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RACE:

(Single Race Categories) <input type="checkbox"/> American Indian / Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black / African American <input type="checkbox"/> Native Hawaiian / Other Pacific Islander <input type="checkbox"/> White	(Multiple Race Categories) <input type="checkbox"/> American Indian / Alaskan Native AND Black / African American <input type="checkbox"/> American Indian / Alaskan Native AND White <input type="checkbox"/> Asian AND White <input type="checkbox"/> Black / African American AND White <input type="checkbox"/> Other or Multiracial (please specify): _____
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OTHER CHARACTERISTICS

Check all that apply:					
<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other			
<input type="checkbox"/> Single Female Headed Family	<input type="checkbox"/> Disabled*	<input type="checkbox"/> Homeless*	<input type="checkbox"/> Chronically Homeless*		
<i>*You must obtain verification or self-certification.</i>					

CURRENT INCOME INFORMATION: (CIRCLE correct income level for the total household)

FY2022	Household Size					
Income Level	1	2	3	4	5	6
Poverty	\$12,880	\$17,420	\$21,960	\$26,500	\$31,040	\$35,580
Extr. Low (to 30% AMI)	\$28,800	\$32,900	\$37,000	\$41,100	\$44,400	\$47,700
Low Income (31-50% AMI)	\$47,950	\$54,800	\$61,650	\$68,500	\$74,000	\$79,500
Moderate (51-80% AMI)	\$76,750	\$87,700	\$98,650	\$109,600	\$118,400	\$127,150

Source: HUD User FY2021 Income Limits Documentation System: <https://www.huduser.gov/portal/datasets/il.html>
 & Department of Health & Human Services (HHS) 2021 Federal Poverty Level Chart
<https://aspe.hhs.gov/poverty-guidelines>

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INCOME CERTIFICATION

Interviewer: **Check** the income level of the client and indicate below the source of information used to verify this information. Please see instruction sheet to help with completion.

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|-----------------------------------|---|---|--|
| <input type="checkbox"/> CalWorks | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medi-CAL | <input type="checkbox"/> Tax Return (most recent return) |
| <input type="checkbox"/> SSI** | <input type="checkbox"/> Payroll Stub** | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> Other ** _____ |

(**current-within 2 months)

Self certified. Please explain:

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I understand this information is subject to verification only by authorized HUD (U.S. Department of Housing & Urban Development) and or City of Berkeley officials.

CLIENT

Client Printed Name

Parent/Client Signature

Date

INTERVIEWER

Interviewer Printed Name

Interviewer Signature

Date