

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 select 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)

FY2026	Household Size					
Income Level	1	2	3	4	5	6
Poverty	\$15,650	\$21,150	\$26,650	\$32,150	\$37,650	\$43,150
Extremely Low (to 30% AMI)	\$33,600	\$38,400	\$43,200	\$47,950	\$51,800	\$55,650
Very Low (31-50% AMI)	\$55,950	\$63,950	\$71,950	\$79,900	\$86,300	\$92,700
Low (51-80% AMI)	\$87,550	\$100,050	\$112,550	\$125,050	\$135,100	\$145,100

Source: HUD User FY 2025 Income Limits Documentation System:
<https://www.huduser.gov/portal/datasets/il/il2025/2025summary.odn>
 Department of Health & Human Services (HHS) 2025 Federal Poverty Level Chart:
<https://aspe.hhs.gov/topics/poverty-economic-mobility/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.

- CalWorks CalFresh Medi-Cal Tax Return (most recent return)
 SSI** Payroll Stub** Bank Statement 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