

The Market at Gray House Intake Form—PLEASE PRINT & WRITE CLEARLY

FIRST NAME _____ LAST NAME _____

ADDRESS _____ UNIT # _____

CITY _____ STATE _____ ZIP _____

DATE OF BIRTH _____ GENDER: ☐ Male ☐ Female ☐ Transgender/Other

Please select all that apply:

☐ I am the Head of Household

☐ **I have a documented disability**

☐ I am a Veteran

Ethnicity (select 1)	
<input type="checkbox"/> Hispanic or Latino	
<input type="checkbox"/> Not Hispanic or Latino	

Race (select 1)	
<input type="checkbox"/> White	
<input type="checkbox"/> Black/African American	
<input type="checkbox"/> Asian	
<input type="checkbox"/> American Indian/Alaskan Native	
<input type="checkbox"/> Hawaiian/Pacific Islander	
<input type="checkbox"/> Other/Multi-racial	

Food Restrictions	
<input type="checkbox"/> No Nuts	
<input type="checkbox"/> No Pork	
<input type="checkbox"/> Halal	
<input type="checkbox"/> No Beef	
<input type="checkbox"/> Other: _____	

Benefits Received	
<input type="checkbox"/> Mass Health	<input type="checkbox"/> SSI
<input type="checkbox"/> SNAP	<input type="checkbox"/> WIC
<input type="checkbox"/> TAFDC	<input type="checkbox"/> SSDI
<input type="checkbox"/> FUEL ASSISTANCE	

ANNUAL HOUSEHOLD INCOME

This information will be kept confidential and used for data purposes only.

Instructions:

1. Find your household size in column A
2. If your pre-tax household annual income is less than the amount in column B of the same row, check the box in that row.

If your pre-tax household income listed **IS MORE THAN** the amount for your household size, please check here: ☐

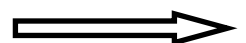
HUD Annual Household Income Guidelines (updated as of 4/1/2021)	
A	B
Number of people in Household:	My pre-tax annual household income is less than:
1	<input type="checkbox"/> \$47,150
2	<input type="checkbox"/> \$53,850
3	<input type="checkbox"/> \$60,600
4	<input type="checkbox"/> \$67,300
5	<input type="checkbox"/> \$72,700
6	<input type="checkbox"/> \$78,100
7	<input type="checkbox"/> \$83,500
8	<input type="checkbox"/> \$88,850

I certify that the information provided on this form is true and accurate.

SIGNATURE: _____

DATE: _____

Please continue to the back of this form if there are other people in your household.



WHO ELSE LIVES IN YOUR HOUSEHOLD? Do not include the individual listed on the front side of this form.

First Name: Last Name:	Birthdate (MM/DD/YYYY): / / <hr/> Gender Identity: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender/Other	Ethnicity (select 1): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic/Latino <hr/> This individual is: Please select all that apply <input type="checkbox"/> Head of the household <input type="checkbox"/> Veteran <input type="checkbox"/> <i>Has a documented disability</i>	Race (select 1): <input type="checkbox"/> White <input type="checkbox"/> Black/ African Am. <input type="checkbox"/> Asian <input type="checkbox"/> Am. Indian/Alaskan Native <input type="checkbox"/> Hawaiian/Pacific Isl. <input type="checkbox"/> Other/Multi-racial
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If you have additional people in your household, please complete this side of an additional form.