

**Participant Registration Information FY2021**

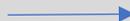
Participant Last Name	Participant First Name	M.I.	Nickname <i>(optional)</i>
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Street Address	Apt or Ste #	City	State MI
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Zip Code	County Muskegon	Date of Birth	(Area Code)Phone Number
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Gender Female <input type="checkbox"/> Male <input type="checkbox"/>	Apt. Complex / Mobile Home Park Name	Veteran Yes <input type="checkbox"/> No <input type="checkbox"/>
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**INCOME STATUS**

Number of People in Household	Yearly Income Range	
	<i>Considered Below Poverty</i>	<i>Considered Low Income</i>
<input type="checkbox"/> 1 	<input type="checkbox"/> \$12,880 or below	<input type="checkbox"/> \$25,760 or below
<input type="checkbox"/> 2 	<input type="checkbox"/> \$17,420 or below	<input type="checkbox"/> \$34,840 or below
<input type="checkbox"/> 3 	<input type="checkbox"/> \$21,960 or below	<input type="checkbox"/> \$43,920 or below
<input type="checkbox"/> 4 	<input type="checkbox"/> \$26,500 or below	<input type="checkbox"/> \$53,000 or below
<input type="checkbox"/> 5 or more 	<input type="checkbox"/> Add \$4,540 each	<input type="checkbox"/> Add \$9,080 each

**RACE / ETHNICITY STATUS**

**Mark one or more to indicate what the participant considers himself/herself to be.**

White  Black or African American  Asian  American Indian or Alaska Native   
Native Hawaiian or Other Pacific Islander  Hispanic or Latino

*Registration is required each fiscal year. Statistical data is used to report to the community; no personal information is provided without prior consent from you. Documents are shredded. We appreciate the cooperation and support for the Muskegon County Senior Millage and the programs it helps fund.*

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

*I certify that the facts contained in this application are true and complete to the best of my knowledge.*