

Participant Registration Information FY2023

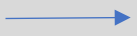

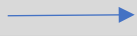


Participant Last Name	Participant First Name	M.I.	Nickname (optional)
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Street Address	Apt or Ste #	City	State MI
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Zip Code	County Muskegon	Date of Birth	(Area Code)Phone Number
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Gender 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	
	Considered Below Poverty	Considered Low Income
<input type="checkbox"/> 1 	<input type="checkbox"/> \$14,580 or below	<input type="checkbox"/> \$29,160 or below
<input type="checkbox"/> 2 	<input type="checkbox"/> \$19,720 or below	<input type="checkbox"/> \$39,440 or below
<input type="checkbox"/> 3 	<input type="checkbox"/> \$24,860 or below	<input type="checkbox"/> \$49,720 or below
<input type="checkbox"/> 4 	<input type="checkbox"/> \$30,000 or below	<input type="checkbox"/> \$60,000 or below
<input type="checkbox"/> 5 or more 	<input type="checkbox"/> Add \$5,140 each	<input type="checkbox"/> Add \$10,280 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.