

**Digital Equity Program Participant Self-Certification Form (Must be completed for all participants)**Participant Name: \_\_\_\_\_ Participant Zip Code (within King County, WA): \_\_\_\_\_  
Date of Collection: \_\_\_\_\_

Broadband Enabled Device	Brand/Model: _____ Serial Number: _____ Other details: _____
Internet Service	Provider Name: _____ Service Speed (if known): _____
Technical Assistance	Type Provided (Issue resolved): _____ Date: _____
Other	Details: _____

**Confidential Participant Demographic Data (This section is voluntary)**

<b>Ethnicity (Select One)</b>	Not Hispanic <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Choose Not to Disclose <input type="checkbox"/>
<b>Race (Select One)</b>			
White <input type="checkbox"/>	Native Hawaiian/Other Pacific Isl. <input type="checkbox"/>	Asian & White <input type="checkbox"/>	Other Multi-Racial <input type="checkbox"/>
Black/African-American <input type="checkbox"/>	American Indian/Alaskan Native <input type="checkbox"/>	Black/African American & White <input type="checkbox"/>	Choose Not to Disclose <input type="checkbox"/>
Asian <input type="checkbox"/>	Am. Indian/Alaskan Native & White <input type="checkbox"/>	Am. Indian/Alaskan Native & Black/African <input type="checkbox"/>	

**Participant Certification and Understanding of Assistance Received (This section MUST be completed by the Participant)**

I certify that one or more of the following are true (please mark all that apply):

- I am a senior
- I am unemployed
- I am experiencing homelessness
- I primarily speak a language other than English

I understand as a Program Participant, I am the recipient of a good or service provided by United Indians funded by King County. I have accepted proceeds from a program funded by Coronavirus Relief Fund as created by section 5001 of H.R. 748, the Coronavirus Aid, Relief, and Economic Security Act ("CARES Act"). I understand the County will rely on this certification as a material representation that I am qualified beneficiary of this program.

I hereby certify that I have read the above certification, and that the information and my statements provided herein by me are true and correct to the best of my knowledge, and by my signature on this document, acknowledge my understanding that any intentional or negligent misrepresentation or falsification of any of the information in this document could subject me to punishment under federal and/or civil liability and/or in criminal penalties, including but not limited to fine or imprisonment or both under Title 18, United States Code, Sec. 1001, et seq. and punishment under federal law.

Participant Signature and Date: \_\_\_\_\_ Name (print): \_\_\_\_\_  
Participant Zip Code: \_\_\_\_\_