Contra Costa County Consortium
Community Development Block Grant Program
Participation Data – FY 2019-20

The service being provided to you is funded, in part. by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the County as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below. Thank you for your cooperation.

Program: _____ Agency: _____

_____	_____	_____	_____
Name of Participant	Home Street Address	City	Zip Code

1. Please check one box: I identify my gender as: ❑ Male ❑ Female ❑ Other
2. Please check any boxes that apply: I am ❑ Age 62 + ❑ a Severely Disabled Adult ❑ a Female-Headed Household (a single or separated woman who is the primary support for a household with at least one dependent.)
3. Household Size and Total Annual Household Income:

   A. First <u>check the total number of people in your household</u> in Column A, Household Size.

   B. <u>On the SAME LINE as your household size</u>, check income range that includes your household's annual income.

A. Household Size	B. Total Household Income			
❑ 1 person	❑ $0 - $26,050	❑ $26,051-$43,400	❑ $43,401-$69,000	❑ $69,001 or more
❑ 2 people	❑ $0 - $29,750	❑ $29,751-$49,600	❑ $49,601-$78,850	❑ $78,851 or more
❑ 3 people	❑ $0 - $33,450	❑ $33,451-$55,800	❑ $55,801-$88,700	❑ $88,701 or more
❑ 4 people	❑ $0 - $37,150	❑ $37,151-$61,950	❑ $61,951-$98,550	❑ $98,551 or more
❑ 5 people	❑ $0 - $40,150	❑ $40,151-$66,950	❑ $66,951-$106,450	❑ $106,451 or more
❑ 6 people	❑ $0 - $43,100	❑ $43,101-$71,900	❑ $71,901-$114,350	❑ $114,351 or more
❑ 7 people	❑ $0 - $46,100	❑ $46,101-$76,850	❑ $76,851-$122,250	❑ $122,251 or more
❑ 8 people +	❑ $0 - $49,050	❑ $49,051-$81,800	❑ $81,801-$130,100	❑ $130,101 or more

4. Do you receive assistance from any of the following sources? (Check all/any that apply)

   ❑ CalWORKs ❑ General Assistance ❑ Social Security ❑ Food Stamps ❑ Medi-Cal ❑ Section 8 ❑ WIC
5. Do you identify as Hispanic or Latino, or having a Hispanic or Latino ethnicity? ❑ Yes <u>or</u> ❑ No
6. Race (Must check one race):

   ❑ White ❑ Black/African American ❑ Asian ❑ American Indian/Alaskan Native
   ❑ Native Hawaiian/Pacific Isl ❑ Amer. Indian/Alaskan & Black/African American
   ❑ American Indian/Alaskan & White ❑ Asian & White
   ❑ Black/African American & White ❑ Other Multi-Racial:

I hereby certify that the above information is true and correct to the best of my knowledge. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

_____ _____

Signature Date

(Income Limits as of 05/14/2019)