

**CONTRA COSTA COUNTY CONSORTIUM
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PARTICIPATION DATA – FY 2019/20**

Program: _____

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.

Male Female

Name		
Street Address	City	Zip Code

1. Status (Check all that apply): 62 years or older Disabled
2. Head of Household: Are you the head of the household? Yes No
3. If you are not the head of the household, is the head of the household female? Yes No
4. Household Size and Total Annual Household Income:

A. Circle the total number of people in your household in the first column.
 B. On the line corresponding to your household size, check the income range that includes your household's annual income.

A. Household Size	B. Total Household Income		
1	<input type="checkbox"/> \$0 - \$26,050	<input type="checkbox"/> \$26,051-\$43,400	<input type="checkbox"/> \$43,401-\$69,000
2	<input type="checkbox"/> \$0 - \$29,750	<input type="checkbox"/> \$29,751-\$49,600	<input type="checkbox"/> \$49,601-\$78,850
3	<input type="checkbox"/> \$0 - \$33,450	<input type="checkbox"/> \$33,451-\$55,800	<input type="checkbox"/> \$55,801-\$88,700
4	<input type="checkbox"/> \$0 - \$37,150	<input type="checkbox"/> \$37,151-\$61,950	<input type="checkbox"/> \$61,951-\$98,550
5	<input type="checkbox"/> \$0 - \$40,150	<input type="checkbox"/> \$40,151-\$66,950	<input type="checkbox"/> \$66,951-\$106,450
6	<input type="checkbox"/> \$0 - \$43,100	<input type="checkbox"/> \$43,101-\$71,900	<input type="checkbox"/> \$71,901-\$114,350
7	<input type="checkbox"/> \$0 - \$46,100	<input type="checkbox"/> \$46,101-\$76,850	<input type="checkbox"/> \$76,851-\$122,250
8 or more	<input type="checkbox"/> \$0 - \$49,050	<input type="checkbox"/> \$49,051-\$81,800	<input type="checkbox"/> \$81,801-\$130,100

Check here if your income does not fall into any of the income ranges corresponding with your household size.

5. Do you receive assistance from any of the following sources?:

<input type="checkbox"/> CalWORKs	<input type="checkbox"/> General Assistance	<input type="checkbox"/> Social Security	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Medi-Cal	<input type="checkbox"/> Section 8	<input type="checkbox"/> WIC	
6. Hispanic Ethnicity? Yes or No
7. Race (Must check only one):

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Asian & White	<input type="checkbox"/> Black/African American
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		
<input type="checkbox"/> 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
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