CONTRA COSTA COUNTY CONSORTIUM
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM
PARTICIPATION DATA – FY 2015/16

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	□ **$0 - $20,500**	□ **$20,501-$34,150**	□ **$34,151-$52,650**
2	□ **$0 - $23,400**	□ **$23,401-$39,000**	□ **$39,001-$60,150**
3	□ **$0 - $26,350**	□ **$26,351-$43,900**	□ **$43,901-$67,650**
4	□ **$0 - $29,250**	□ **$29,251-$48,750**	□ **$48,751-$75,150**
5	□ **$0 - $31,600**	□ **$31,601-$52,650**	□ **$52,651-$81,200**
6	□ **$0 - $33,950**	□ **$33,951-$56,550**	□ **$56,551-$87,200**
7	□ **$0 - $36,730**	□ **$36,731-$60,450**	□ **$60,451-$93,200**
8 or more	□ **$0 - $40,890**	□ **$40,891-$64,350**	□ **$64,351-$99,200**

❑ 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?:**
   ❑ **CalWORKs** ❑ **General Assistance** ❑ **Social Security** ❑ **Food Stamps**
   ❑ **Medi-Cal** ❑ **Section 8** ❑ **WIC**
6. **Hispanic Ethnicity? Yes** ❑ **or No** ❑
7. **Race** (Must check only one):
   ❑ **American Indian/Alaskan Native** ❑ **Asian** ❑ **White**
   ❑ **Native Hawaiian/Pacific Islander** ❑ **Asian & White** ❑ **Black/African American**
   ❑ **American Indian/Alaskan Native & White** ❑ **Black/African American & White**
   ❑ **American Indian/Alaskan Native & Black/African American**
   ❑ **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 03/28/2016)