

# Contra Costa County Consortium Community Development Block Grant Program Participation Data – FY 2025-26

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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 mark the total number of people in your household in Column A, Household Size.
- B. On the SAME LINE as your household size, mark the income range that includes your household's annual income.

A. Household Size		B. Total Household Income	
<input type="checkbox"/> 1 person	<input type="checkbox"/> \$0 - \$33,600	<input type="checkbox"/> \$33,601-\$55,950	<input type="checkbox"/> \$55,951-\$87,550
<input type="checkbox"/> 2 people	<input type="checkbox"/> \$0 - \$38,400	<input type="checkbox"/> \$38,401-\$63,950	<input type="checkbox"/> \$63,951-\$100,050
<input type="checkbox"/> 3 people	<input type="checkbox"/> \$0 - \$43,200	<input type="checkbox"/> \$43,201-\$71,950	<input type="checkbox"/> \$71,951-\$112,550
<input type="checkbox"/> 4 people	<input type="checkbox"/> \$0 - \$47,950	<input type="checkbox"/> \$47,951-\$79,900	<input type="checkbox"/> \$79,901-\$125,050
<input type="checkbox"/> 5 people	<input type="checkbox"/> \$0 - \$51,800	<input type="checkbox"/> \$51,801-\$86,300	<input type="checkbox"/> \$86,301-\$135,100
<input type="checkbox"/> 6 people	<input type="checkbox"/> \$0 - \$55,650	<input type="checkbox"/> \$55,651-\$92,700	<input type="checkbox"/> \$92,701-\$145,100
<input type="checkbox"/> 7 people	<input type="checkbox"/> \$0 - \$59,500	<input type="checkbox"/> \$59,501-\$99,100	<input type="checkbox"/> \$99,101-\$155,100
<input type="checkbox"/> 8+ people	<input type="checkbox"/> \$0 - \$63,300	<input type="checkbox"/> \$63,301-\$105,500	<input type="checkbox"/> \$105,501-\$165,100

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 or  No
6. Race (mark only one category):  
 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