Contra Costa County Consortium
Community Development Block Grant Program
Participation Data – FY 2026-27

The service being provided to you is funded, in part. by the U.S. Department of Housing and Urban Development (HUD). HUD monitors the local agencies that receive HUD funds (Contra Costa County and the cities of Antioch, Concord, Pittsburg, and Walnut Creek) 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>mark 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>**, mark the income range that includes your household's annual income.

A. Household Size	**B. Total Household Income**		
❑ **1** person	❑ **$0 - $35,650**	❑ **$35,651 - $59,400**	❑ **$59,401 - $95,050**
❑ **2** people	❑ **$0 - $40,750**	❑ **$40,751 - $67,900**	❑ **$67,901-$108,600**
❑ **3** people	❑ **$0 - $45,850**	❑ **$45,851-$76,400**	❑ **$76,401-$122,200**
❑ **4** people	❑ **$0 - $50,900**	❑ **$50,901-$84,850**	❑ **$84,851-$135,750**
❑ **5** people	❑ **$0 - $55,000**	❑ **$55,001-$91,650**	❑ **$91,651-$146,650**
❑ **6** people	❑ **$0 - $59,050**	❑ **$59,051-$98,450**	❑ **$98,451-$157,500**
❑ **7** people	❑ **$0 - $63,150**	❑ **$63,151-$105,250**	❑ **$105,251-$168,350**
❑ **8+** people	❑ **$0 - $67,200**	❑ **$67,200-$112,050**	❑ **$112,051-$179,200**

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** (mark only <u>one</u> 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**

(Income Limits as of 06.01.26)