

# City of Fairfield Community Development Block Grant Program

## Participation Data – FY 2021-22

The service being provided to you is funded, in part, by the U. S. Department of Housing and Urban Development (HUD). HUD monitors the City of Fairfield 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	ZipCode
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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:** Instructions
  - A. **First check the total number of people in your household** in Column A, Household Size.
  - B. **On the SAME LINE as your household size**, check income range that includes your household’s annual income.

A. Household Size	B. Total Household Income (as of 6/1/2021, US Dept. of Housing and Urban Development)			
<input type="checkbox"/> 1 person	<input type="checkbox"/> \$0 - \$20,450	<input type="checkbox"/> \$20,451-\$34,000	<input type="checkbox"/> \$34,001-\$54,350	<input type="checkbox"/> \$54,351 or more
<input type="checkbox"/> 2 people	<input type="checkbox"/> \$0 - \$23,350	<input type="checkbox"/> \$23,351-\$38,850	<input type="checkbox"/> \$38,851-\$62,100	<input type="checkbox"/> \$62,101 or more
<input type="checkbox"/> 3 people	<input type="checkbox"/> \$0 - \$26,250	<input type="checkbox"/> \$26,251-\$43,700	<input type="checkbox"/> \$43,701-\$69,850	<input type="checkbox"/> \$69,851 or more
<input type="checkbox"/> 4 people	<input type="checkbox"/> \$0 - \$29,150	<input type="checkbox"/> \$29,151-\$48,550	<input type="checkbox"/> \$48,551-\$77,600	<input type="checkbox"/> \$77,601 or more
<input type="checkbox"/> 5 people	<input type="checkbox"/> \$0 - \$31,500	<input type="checkbox"/> \$31,501-\$52,450	<input type="checkbox"/> \$52,451-\$83,850	<input type="checkbox"/> \$83,851 or more
<input type="checkbox"/> 6 people	<input type="checkbox"/> \$0 - \$35,580	<input type="checkbox"/> \$35,581-\$56,350	<input type="checkbox"/> \$56,351-\$90,050	<input type="checkbox"/> \$90,051 or more
<input type="checkbox"/> 7 people	<input type="checkbox"/> \$0 - \$40,120	<input type="checkbox"/> \$40,121-\$60,250	<input type="checkbox"/> \$60,251-\$96,250	<input type="checkbox"/> \$96,251 or more
<input type="checkbox"/> 8 people +	<input type="checkbox"/> \$0 - \$44,660	<input type="checkbox"/> \$44,661-\$64,100	<input type="checkbox"/> \$64,101-\$102,450	<input type="checkbox"/> \$102,451 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 or  No
6. Race (Must check one race):
 

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