

Colfax Subsistence Payment Program

Program Registration Form

CDBG CV Funding

Name	
Address	
Family Size	
Annual Income of all members 18 years or older	
Does that income fall below the amount provided below by family size?	If YES, you may qualify for the program. If NO, you do not qualify for the program.

Family Size	1	2	3	4	5	6	7	8
Income	\$50,750	\$58,000	\$65,250	\$72,500	\$78,300	\$84,100	\$89,900	\$95,700

Submit your form by clicking the button below. Your email program will open with the filled form attached.

SUBMIT

Or save the filled form to your computer and email it to: accounting@colfax-ca.gov

Or mail to the City of Colfax:
PO Box 702, Colfax, CA 95713

Or drop off in person at City Hall
33 South Main Street, Colfax, CA 95713

See you at the Meeting on June 30th or July 7th