



**City of Albany  
Community Development Block Grant Program  
Annual Closeout Report**

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
(541) 917-7550  
[anne.catlin@cityofalbany.net](mailto:anne.catlin@cityofalbany.net)  
[www.cityofalbany.net/cdbg](http://www.cityofalbany.net/cdbg)

Agency Name: OCWCOG	Project Name and Grant Year: Senior Companion Program 2019	
Agency Address 1400 Queen Avenue SE Albany, OR 97322	Telephone 541-924-8440	Fax
Contact Person (Name/Title) Alicia Lucke	E-mail Address alucke@ocwcog.org	

I. Have the performance measures specified in the contract been met? If not, please explain.

Residents Assisted: 29 total residents

Partially met: The OCWCOG Senior Companion Program matched low-income (200% FPL), mobile seniors aged 55+ with home-bound seniors in exchange for a small stipend. They provided friendship and assistance to adults who have difficulty with daily living tasks, such as shopping or paying bills, and also gives families or professional caregivers much-needed time off. As a result, many seniors remained independent in their homes instead of having to move to more costly institutional care. Companions served 15-40 hours per week through Qtr 3; Qtr 4 hours were reduced to teleservice only due to COVID-19. The projected exceeded its goal of volunteers; it fell short of its goal of client placement due to halted home visits during the final quarter.

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low and moderate income residents.

Eleven Senior Companion volunteers, residents of the City, served 18 unduplicated City of Albany elderly homebound neighbors in need of companionship and non-medical transportation. The interpersonal relationships forged during the project period up to the start of COVID-19 greatly assisted Senior and Disability Services in identifying local seniors needing routine check ins during this pandemic, those most food critical, etc.

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time, and volunteers, as applicable.

No match reported.

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

Yes; the full \$2,500 has been requested.

V. Is there a remaining balance of CDBG funds allocated to the project?

No:

Qtr 2: \$835.52  
Qtr 3: \$1,664.48

---

\$2,500.00

VI. Are there any outstanding issues or documents requested from a monitoring visit?

N/A

VII. Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

Thank you for your continued support!

**VIII. PROGRAM BENEFICIARY REPORT**

Please report the HUD-required demographic data on the TOTAL NUMBER of beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries served this grant period: 29

**Characteristics of Residents Assisted**

	No.
Female Head of Household	0
Homeless Individuals (including children, youth)	0
Elderly persons (65+)	29

**Income Status (% of Median Family Income "MFI")**

	No.
Total Persons Assisted (0 – 30% MFI)	2
Total Persons Assisted (31– 50% MFI)	6
Total Persons Assisted (51 – 80% MFI)	21
Total Persons Assisted (81% MFI or above)	
<b>Total Number of Unduplicated Residents Assisted</b>	<b>29</b>
<b>Percent of Residents Earning 80% MFI or less</b>	<b>100%</b>

**Race / Ethnicity of Residents Assisted**

Race Categories	Race Totals	Ethnicity: Hispanic or Latino
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White	29	
<b>Total Number of Persons Assisted</b>	<b>29</b>	

**IX. CERTIFICATION OF GRANTEE.** It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

7/28/2020

Alicia Lucke

Date

Preparer's Name Typed

Preparer's Signature:

Program Supervisor

Title

Executive Director Signature:



**City of Albany  
Community Development Block Grant Program  
Annual Closeout Report**

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
(541) 917-7550  
[anne.catlin@cityofalbany.net](mailto:anne.catlin@cityofalbany.net)  
[www.cityofalbany.net/cdbg](http://www.cityofalbany.net/cdbg)

Agency Name: Family Tree Relief Nursery	Project Name and Grant Year: TECP Outreach 2020	
Agency Address: 1305 Hill Street SE Albany, OR 97322	Telephone: 541-967-6580	Fax:
Contact Person (Name/Title): Renee Smith	E-mail Address: rsmith@familytreern.org	

I. Have the performance measures specified in the contract been met? If not, please explain.

Yes, they have been met

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low and moderate income residents.

Families indicate increased housing stability access to food and basic needs and all children stay living safe with families.

We referred all families to at least two services within the community that could assist them with their individual needs.

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time and volunteers, as applicable.

Matching Funds 2.13.20 to 3.27.2020 \$6,600 \$2,000 Donor Funds \$4,600 IHN Contract Funds  
Marching Funds 4.1.2020-6.30.2020 \$18,249 \$2,000 Donor Funds \$16,249 IHN Contracting Funds

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

Yes

V. Is there a remaining balance of CDBG funds allocated to the project?

No

VI. Are there any outstanding issues or documents requested from a monitoring visit?

No

VII. Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

**VIII. PROGRAM BENEFICIARY REPORT**

Please report the HUD-required demographic data on the TOTAL NUMBER of beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries served this grant period: 79

**Characteristics of Residents Assisted**

	No.
Female Head of Household	9
Homeless Individuals (including children, youth)	
Elderly persons (65+)	

**Income Status (% of Median Family Income "MFI")**

	No.
Total Persons Assisted (0 – 30% MFI)	
Total Persons Assisted (31– 50% MFI)	79
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	
<b>Total Number of Unduplicated Residents Assisted</b>	<b>79</b>
<b>Percent of Residents Earning 80% MFI or less</b>	<b>79</b>

**Race / Ethnicity of Residents Assisted**

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White	79	31
<b>Total Number of Persons Assisted</b>		

\* NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

**IX. CERTIFICATION OF GRANTEE.** It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

8/24/2020

Renee Smith

Date

Preparer's Name Typed

Preparer's Signature: Same

Title

Executive Director Signature: Renee Smith



**City of Albany**  
**Community Development Block Grant Program**  
**Annual Closeout Report**

Community Development Dept.  
 P.O. Box 490  
 Albany, OR 97321-0144  
 (541) 917-7550  
[anne.catlin@cityofalbany.net](mailto:anne.catlin@cityofalbany.net)  
[www.cityofalbany.net/cdbg](http://www.cityofalbany.net/cdbg)

Agency Name: Furniture Share	Project Name and Grant Year: Food and Furniture Distribution	
Agency Address: PO Box 224, 4950 Hout St., Corvallis, Oregon 97333	Telephone: 541-754-9511	Fax: 541-738-0478
Contact Person (Name/Title): Michelle Robinson, Executive Director	E-mail Address: Michelle@furnitureshare.org	

I. Have the performance measures specified in the contract been met? If not, please explain.

Yes, the performance measures were all met except for providing 100 families with dinner tables. During the granting period we provided 81 families with a dinner table. The available supply of tables did not meet our demand which is out of our control.

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low and moderate income residents.

Our Program outcomes and impacts were to provide 650 children with a bed and we provided 743 children with a bed, Provide 100 families with a dinner table- 81 families received a dinner table, Provide 750 individuals with furniture and household items-1,247 individuals received furniture and household items and distribute 1,800 individuals with healthy food boxes-2,071 individuals received food boxes. Total unduplicated clients served was 2,071 an increase of 271 individual predicted in our request.

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time and volunteers, as applicable.

CDBG funds spent this quarter: \$9,000.00 Value of match this funding period: \$204,168.00  
**620 volunteer hours at a value of \$19 an hour- \$11,780**  
**1,247 distributed furniture items Valued at \$93,525**  
**2,071 food boxes valued at \$51,775**  
**Total Staff Hours -1,308 \$47,088.00**

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

Yes, all reimbursement requests been submitted for all CDBG fund expenses incurred on the project.

V. Is there a remaining balance of CDBG funds allocated to the project?

No, there not a remaining balance of CDBG funds allocated to the project.

VI. Are there any outstanding issues or documents requested from a monitoring visit?

No, there is not any outstanding issues or documents requested from a monitoring visit.

VII. Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

It was a privilege receiving CDBG funding which allowed our program to serve those in need... Thank you!

**VIII. PROGRAM BENEFICIARY REPORT**

Please report the HUD-required demographic data on the TOTAL NUMBER of beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries served this grant period: 2,071

**Characteristics of Residents Assisted**

	No.
Female Head of Household	336
Homeless Individuals (including children, youth)	713
Elderly persons (65+)	182

**Income Status (% of Median Family Income "MFI")**

	No.
Total Persons Assisted (0 – 30% MFI)	2,071
Total Persons Assisted (31– 50% MFI)	
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	
<b>Total Number of Unduplicated Residents Assisted</b>	
<b>Percent of Residents Earning 80% MFI or less</b>	

**Race / Ethnicity of Residents Assisted**

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native	56	56
Asian	9	
Black/African American	92	
Native Hawaiian/Other Pacific Islander	11	
White	1,903	
<b>Total Number of Persons Assisted</b>	<b>2,071</b>	<b>56</b>

\* NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

**IX. CERTIFICATION OF GRANTEE.** It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

08/11/2020 \_\_\_\_\_  
 Date Preparer's Name Typed

Preparer's Signature: *Michelle Robinson* \_\_\_\_\_ Executive Director  
 Title

Executive Director Signature: *Michelle Robinson* \_\_\_\_\_



## City of Albany Community Development Block Grant Program Annual Closeout Report

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
(541) 917-7550  
[anne.catlin@cityofalbanynet.net](mailto:anne.catlin@cityofalbanynet.net)  
[www.cityofalbanynet.net/cdbg](http://www.cityofalbanynet.net/cdbg)

Agency Name: Jackson Street Youth Services	Project Name and Grant Year: Albany House: A safe space to grow (FY 2019-2020)	
Agency Address: PO Box 1984 Albany OR 97321	Telephone: 541-760-4669	Fax: 541-220-2952
Contact Person (Name/Title): Kendra Phillips-Neal; Program Director	E-mail Address: kendra.phillipsneal@jacksonstreet.org	

I. Have the performance measures specified in the contract been met? If not, please explain.

Yes, met or exceeded.

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low and moderate income residents.

Each youth was provided with a shelter bed and basic needs such as access to laundry, showers, food, clothes, and hygiene products. Within the shelter environment youth work one on one with staff to learn daily life skills for healthy and successful living. 100% of youth served, were enrolled and participated in weekly case management, setting goals to make progress on bettering their situations. In addition to providing basic needs, all youth did have access to education support; quality based mentoring, and resources/referrals. We continue to be able to provide youth in need of documents for employment or completion of school with financial and transportation support.

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time and volunteers, as applicable.

Donors living in Linn County	44,865
Federal Basic Center grant	78,293
Oregon YDC Tier 1 grant	37,500
Other grants & contracts	73,560
	\$ 234,218

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

Yes.

No.

V. Is there a remaining balance of CDBG funds allocated to the project?

VI. Are there any outstanding issues or documents requested from a monitoring visit?

Not that we have been informed of, please let us know if there is something missing.

VII. Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

We wanted to take this opportunity to thank you for the opportunity to obtain some supplies related to COVID-19 to help us keep our youth, staff, and sites safe and healthy. This was greatly appreciated and being well used!

**VIII. PROGRAM BENEFICIARY REPORT**

Please report the HUD-required demographic data on the TOTAL NUMBER of beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries served this grant period: 20

**Characteristics of Residents Assisted**

	No.
Female Head of Household	5
Homeless Individuals (including children, youth)	17
Elderly persons (65+)	0

**Income Status (% of Median Family Income "MFI")**

	No.
Total Persons Assisted (0 – 30% MFI)	9
Total Persons Assisted (31– 50% MFI)	5
Total Persons Assisted (51 – 80% MFI)	4
Total Persons Assisted (81% MFI or above)	2
<b>Total Number of Unduplicated Residents Assisted</b>	<b>20</b>
<b>Percent of Residents Earning 80% MFI or less</b>	<b>90%</b>

**Race / Ethnicity of Residents Assisted**

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native	1	1
Asian	0	0
Black/African American	2	0
Native Hawaiian/Other Pacific Islander	0	0
White	17	3
<b>Total Number of Persons Assisted</b>	<b>20</b>	<b>4</b>

\* **NOTE:** HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

**IX. CERTIFICATION OF GRANTEE.** It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

August 13<sup>th</sup>, 2020

Kendra Phillips-Neal

Date

Preparer's Name Typed

Preparer's Signature: \_\_\_\_\_

Program Director

Title

Executive Director Signature: \_\_\_\_\_





**City of Albany  
Community Development Block Grant Program  
Annual Report – Housing Rehab**

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
(541) 917-7550  
[anne.catlin@cityofalbany.net](mailto:anne.catlin@cityofalbany.net)  
[www.cityofalbany.net/cdbg](http://www.cityofalbany.net/cdbg)

<b>Agency Name:</b> DEVNW (Corvallis Neighborhood Housing Services)	<b>Grant Year and Project Name:</b> 2019 Housing Rehab Loan Program	
<b>Agency Address:</b> 257 SW Madison Avenue, #200	<b>Telephone:</b> 541-752-7220 x2051	<b>Fax:</b> 541-752-5037
<b>Contact Person (Name/Title):</b> Liza Newcomb, Home Repair Manager	<b>E-mail Address:</b> Liza.newcomb@devnw.org	

I. Have the performance measures specified in the contract been met? If not, please explain.

DevNW anticipated completing three housing rehabilitations in the program year. Four homes were completed, so the 2019 performance measures were met.

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low- and moderate-income residents and households.

Four housing rehabilitations were completed in the 2019 program year (1130 Front Ave NE, 525 29<sup>th</sup> Ave SE, 2840 Salem Ave SE and 409 24<sup>th</sup> Ave SE. In these 4 homes, we helped improve living conditions for 10 people.

Five additional housing rehabilitations are in currently in the works.

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time and volunteers, as applicable.

Not applicable.

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

No.

V. Is there a remaining balance of CDBG funds allocated to the project?

Yes.

VI. Are there any outstanding issues or documents requested from a monitoring visit?

No.

VII. Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

This is a much needed and appreciated program in the City of Albany.

**VIII. PROGRAM BENEFICIARY REPORT**

Please report the HUD-required demographic data on the TOTAL NUMBER of beneficiaries (households) served by this CDBG activity over the course of the grant period.

Total number of unduplicated households served this grant period: 4

**Characteristics of Households Assisted**

	No.
Female Head of Household	1
Homeless Individuals (including children, youth)	
Elderly persons (65+)	1

**Income Status (% of Median Family Income "MFI")**

	No.
Total Households Assisted (0 – 30% MFI)	
Total Households Assisted (31– 50% MFI)	1
Total Households Assisted (51 – 80% MFI)	3
Total Households Assisted (81% MFI or above)	
<b>Total Number of Unduplicated Households Assisted</b>	
<b>Percent of Residents Earning 80% MFI or less</b>	

**Race / Ethnicity of Household Head Assisted**

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White	4	
<b>Total Number of Persons Assisted</b>	4	0

\* **NOTE:** HUD does not consider Hispanic or Latino to be a race for reporting purposes, so please select a race. Residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

**IX. CERTIFICATION OF GRANTEE.** It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

8/28/2020 \_\_\_\_\_  
Date Preparer's Name Typed

Preparer's Signature:  Home Repair Manager  
Title

Executive Director Signature: 



**City of Albany  
Community Development Block Grant Program  
Annual Closeout Report**

Community Development Dept.  
P.O. Box 490  
Albany, OR 97321-0144  
(541) 917-7550  
[anne.catlin@cityofalbany.net](mailto:anne.catlin@cityofalbany.net)  
[www.cityofalbany.net/cdbg](http://www.cityofalbany.net/cdbg)

Agency Name: Linn-Benton Community College, Small Business Development Center	Project Name and Grant Year: Microenterprise Technical Assistance 2018-2019 Extension	
Agency Address: 6500 Pacific Blvd SW, Albany OR 97321	Telephone: 541-917-4929	Fax:
Contact Person (Name/Title): Anne Green, Program Assistant	E-mail Address: greena@linnbenton.edu	

I. Have the performance measures specified in the contract been met? If not, please explain.

Yes. We served 10, low to moderate income Albany residents, three had already started their business.

II. Please describe the program outcomes and impacts the CDBG funds have had on Albany's low and moderate income residents.

The CDBG grant from the City of Albany allowed us to provide assistance to low and moderate income residents, through advising and classes. The grant allowed us to offer our Como Empezar Una Empresa and Desarrollo de Plan de Negocios to the Latinx community.

We had two low to moderate income residents attend the Desarrollo de Plan de Negocios class. Four low to moderate income residents participate in the Foundations of Business Success class. Six Latino clients have continued to receive advising.

III. Please calculate any and all matching funds provided over the course of the grant time period and indicate the source of those funds, including staff time and volunteers, as applicable.

N/A

IV. Have all reimbursement requests been submitted for all CDBG fund expenses incurred on the project?

Yes

V. Is there a remaining balance of CDBG funds allocated to the project?

Yes, there is \$1,750 remaining.

VI. Are there any outstanding issues or documents requested from a monitoring visit?

No

VII. Please provide any additional comments or feedback you may have about the program or CDBG funding in general.

The Albany residents that were able to participate in the Foundations of Business Success Class and the Desarrollo de Plan de Negocios class were very grateful for the financial assistance allowing them to set and reach their goals. Many are still receiving business advising. During this time we were dealing with the COVID 19 pandemic. Much of the SBDC focus was on helping the area businesses pivot and plan for the future months. We offered free workshops through Zoom, but were unable to gather demographic information on where the attendees lived. We were not able to show proof to submit a quarterly report for the last quarter of the year.

**VIII. PROGRAM BENEFICIARY REPORT**

Please report the HUD-required demographic data on the TOTAL NUMBER of beneficiaries served by this CDBG activity over the course of the grant period.

Total number of unduplicated beneficiaries served this grant period: 10

**Characteristics of Residents Assisted**

	No.
Female Head of Household	2
Homeless Individuals (including children, youth)	1
Elderly persons (65+)	

**Income Status (% of Median Family Income "MFI")**

	No.
Total Persons Assisted (0 – 30% MFI)	7
Total Persons Assisted (31– 50% MFI)	3
Total Persons Assisted (51 – 80% MFI)	
Total Persons Assisted (81% MFI or above)	
<b>Total Number of Unduplicated Residents Assisted</b>	
<b>Percent of Residents Earning 80% MFI or less</b>	

**Race / Ethnicity of Residents Assisted**

Race Categories	Race Totals	Ethnicity: Hispanic or Latino*
American Indian/Alaska Native		
Asian		
Black/African American		
Native Hawaiian/Other Pacific Islander		
White	10	6
<b>Total Number of Persons Assisted</b>		

\* NOTE: HUD does not consider Hispanic or Latino to be a race for reporting purposes; residents whose ancestors are from South America or Central America, are "American Indian or Alaska Native."

**IX. CERTIFICATION OF GRANTEE.** It is hereby certified that all activities undertaken by the subrecipient with funds provided under the City of Albany CDBG contract have, to the best of my knowledge, been carried out in accordance with the contract; and that all information provided in this report and all reports to date are true and correct as of this date, and to the best of my knowledge.

8/18/20 \_\_\_\_\_  
 Date Preparer's Name Typed *Anne Green*

Preparer's Signature: *Anne Green* \_\_\_\_\_  
 Title *Program Assistant*

Executive Director Signature: *[Signature]* \_\_\_\_\_



# HOUSING CRISIS

*Oregonians are facing eviction*

Everyone deserves a place to call home. CSC is helping our neighbors maintain a roof over their heads.

**\$23.37**

Average wage needed to afford a 2 bedroom apartment vs. **Actual average hourly wage** in Oregon

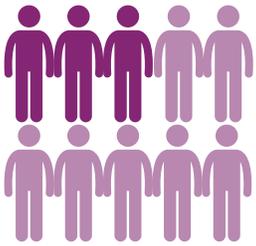
**\$12.39**



50% of Oregonians have experienced **income or job loss** during the pandemic



Leaving **1 in 3 households** in Oregon **unable to pay rent right now**



**3 in 10 households** in Oregon will be **facing eviction**



**15,357** Households with **children** were **unable to pay rent last month**



**176,000** Total households in Oregon at risk of **eviction**



**405,000** Total people in those households at risk of **eviction**



**30,000** People, at least, in Linn, Benton and Lincoln Counties projected to be at **risk of eviction**



**232** Households in Linn, Benton and Lincoln Counties awarded **CSC rental assistance**



**693** People we have **been able to serve** with CSC rental assistance



**2,567** People we will be able to serve with current funding, **which is less than 10% of the need**

[WWW.COMMUNITYSERVICES.US](http://WWW.COMMUNITYSERVICES.US)

Oregon Employment Department, Economic Data, July Unemployment Rates  
United States Census Bureau, Week 12 Household Pulse Survey, July 16-21 Housing Tables  
Aspen Institute, "The COVID-19 Eviction Crisis: an Estimated 30-40 Million People in America are at risk"