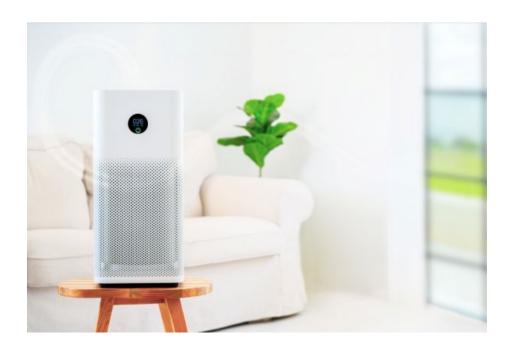


In Home Air Purifier Application For Salton Sea Communities

(Salton City, Vista del Mar, Salton Sea Beach, Desert Shores, and Bombay Beach)



Complete and submit the attached application with supporting documentation to:

Imperial County Air Pollution Control District
Attn: Abigail Arballo
150 S 9th Street
El Centro, CA 92243
(442) 265-1800

abigailarballo@co.imperial.ca.us

		OFFICE USE ONLY:
pplicant Information		
Applicant Name		
Applicant Telephone		_
Other Telephone		_
Applicant E-mail		_
Street Address		
City		
State		
Zip Code		_
lousehold Information		
Number of people in your household		
Number of people under the age of 18		
Do you Own or Rent?	Own	Rent
Annual household income?	\$0 - \$50,000	
	\$50,000 - \$100	,000
	Above \$100,00	

Household Information (continued)		
Estimated home square footage?	sq ft	
Do you have a heating and cooling ventilation system (HVAC) at home?		
Yes No		
Demographics Information *(The following questions are optional)*		
Do you or anyone in your household suffer from respiratory related heal asthma, heart or lung disease(s), etc?	th issues such as	
Yes		
□ No		
Have you or someone you know experienced an asthma attack?		
Yes		
□ No		
Is there anyone 65 years or older living in the residence?		
Yes		
No		
Proof of residency <u>must</u> be submitted with an application. Acceptal	ole forms include:	
 Most recent utility bill (electric, water, or cable/internet bill) 		
Must have the applicant's name and address on the document		

I understand that incentive programs he terminate applications upon depletion	nave limited funds and ICAPCD has discretion to not program funds.	
I certify that all the information provided in the application, including attachments submitted, are true and correct to the best of my knowledge. By signing this application, I have read, understand, and agree to comply with all requirements listed in this application.		
Signature	Date	