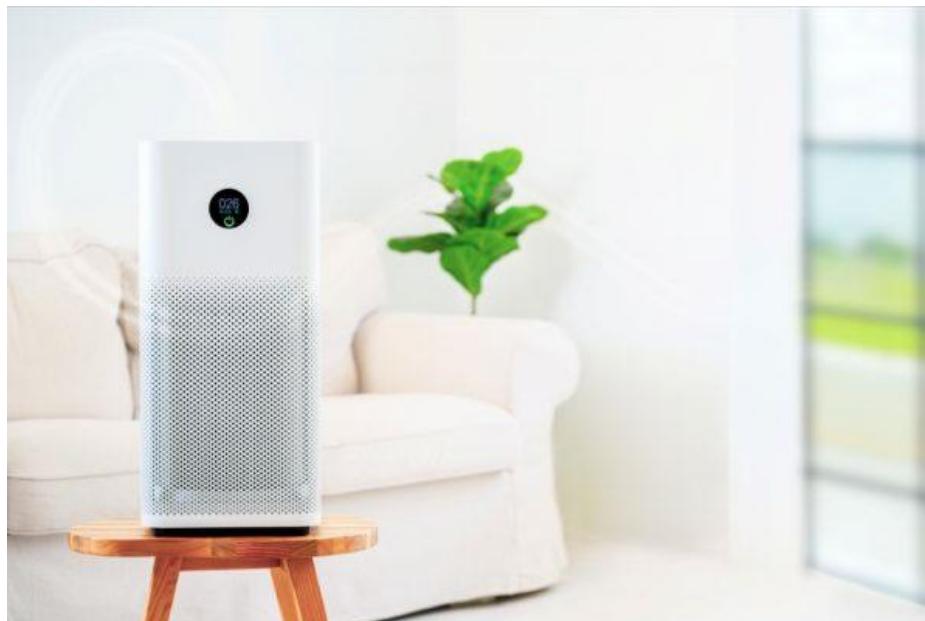




**In Home Air Purifier Application
For Salton Sea Communities
(Salton City, Vista del Mar, Salton Sea Beach, Desert Shores,
and Bombay Beach)**



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:

Applicant Information

Applicant Name _____

Applicant Telephone _____

Other Telephone _____

Applicant E-mail _____

Street Address _____

City _____

State _____

Zip Code _____

Household 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 \$100,000

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 health issues such as asthma, heart or lung disease(s), etc?

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 must be submitted with an application. Acceptable 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 if approved to receive an air purifier under this program, the device may not be returned for cash or store credit.

I understand that incentive programs have limited funds and ICAPCD has discretion to terminate applications upon depletion of 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 _____