



# PRESERVING OUR DIVERSITY PROGRAM APPLICATION

The Preserving Our Diversity (POD) Program provides cash-based assistance to low-income, Santa Monica seniors, aged 65 and older.

**1** **First Name**

**Middle Name**

**Last Name**

**Suffix (examples: Sr., Jr., III, IV)**

**2** **Street Address**  
*Number and Street Name (For example: 1685 Main Street or 1685 Main)*

**3** **Apartment Number**

**4** **What is your Santa Monica ZIP/Postal code?**

90401   
 90402   
 90403   
 90404   
 90405

**5** **What is the best phone number to reach you?**

**6** **Email address**

*Question 7 is optional, but your response helps ensure our outreach is inclusive of Santa Monica's diverse community.*

**7** **What is your race, ethnicity, or origin?**  
 Mark [X] all boxes that apply.

White   
 Hispanic, Latino, or Spanish   
 Black or African American   
 Asian   
 American Indian or Alaskan Native   
 Middle Eastern or North African   
 Native Hawaiian or Other Pacific Islander

-----  
 Some other race, ethnicity, or origin   
*If this is marked, write your race, ethnicity, or origin below:*

**8** **Please provide the name and contact information for a trusted person or organization in case we are unable to contact you.**  
*Write the name and contact information of a trusted person or organization in the space below, such as phone number, email, and mailing address:*



**9** What is your date of birth?

Month Day Year

**10** What is your sex or gender?

Female

Male

Prefer not to say

**11** Do you have a Social Security Number?

*A Social Security Number is NOT required to take part in this program if you are not eligible to get one.*

No

Yes

**12** Do you have a permanent disability?

*Mark "Yes" if you have a physical or mental impairment that substantially limits one or more of your daily activities.*

No

Yes

**13** Is there another person who is authorized to make decisions on your behalf through a Power of Attorney, guardianship, or conservatorship?

No  **Go to 14**

Yes  Enter the information in the space below.

*Write the name and contact information of the person who is authorized to make decisions on your behalf:*

**14** Including yourself, how many people live in your apartment?

*Include roommates, live-in aides, and anyone else who is living with you.*

*Mark [X] one box only.*

1 person  **Skip ahead to 23**

2 persons  **Go to 15 (next page)**

3 persons  **Go to 15 (next page)**

4 persons  **Go to 15 (next page)**

5 persons  **Go to 15 (next page)**

6 persons  **Go to 15 (next page)**

7 persons  **Go to 15 (next page)**

8 persons or more  **Go to 15 (next page)**

# PERSON 2



The following questions ask for information about the next person living in your home. If you live alone, you may skip these questions. We will ask you about any additional persons at a later date.

**15** Person 2 First Name

Person 2 Middle Name

Person 2 Last Name

Suffix (examples: Sr., Jr., III, IV)

**16** Is this person a roommate only?  
*Mark "Yes" only if this person helps pay for some of the rent and does not provide any other financial support to you.*

No  **Go to 17**

Yes  **Go to 23 on next page.** Skip the remaining questions on this page. A roommate's income is not counted as part of total household income.

**17** Is this person a live-in aide only?  
*Mark "Yes" only if this person lives with you to provide care based on your disability need and does not provide any other financial support to you.*

No  **Go to 18**

Yes  **Go to 23 on next page.** Skip the remaining questions on this page. A live-in aide's income is not counted as part of household income.

**18** What is this person's date of birth?

Month	Day	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

**19** How is this person related to you?

Husband/wife/spouse

Unmarried partner

Son or daughter

Brother or sister

Father or mother

Grandchild

Other relative

Other  **Give details below.**

**20** What is this person's sex or gender?

Female

Male

Prefer not to say

**21** Does this person have a permanent disability?  
*Mark "Yes" if this person has a physical or mental impairment that substantially limits one or more of their daily activities.*

No

Yes

**22** Does this person have a Social Security Number?  
*A Social Security Number is NOT required to take part in this program if this person is not eligible to get one.*

No

Yes

# INCOME, ASSETS, AND RENT



The next questions ask about the income of all household members combined. DO NOT include the income of roommates and live-in aides. Answer the questions based on CURRENT circumstances and not on what the household expects to receive in the future. Report GROSS income before taxes, unless the question indicates otherwise.

**23** Do you or anyone else receive wages, salary, commissions, bonuses, or tips from a job?

Include the full amount before taxes and payroll deductions.

No  **Go to 24**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly   
Every 2 weeks   
Twice a month   
Monthly   
Yearly   
Other  **Give details below.**

**24** Do you or anyone else receive Social Security or equivalent railroad retirement benefits based on earnings?

This includes retirement, survivor, and disability benefits. Include the full amount before any deductions for medical insurance premiums.

No  **Go to 25**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Monthly   
Yearly   
Other  **Give details below.**

**25** Do you or anyone else receive Supplemental Security Income (SSI) benefits?

No  **Go to 26**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Monthly   
Yearly   
Other  **Give details below.**

**26** Do you or anyone else receive income from a business owned by you or anyone else in your household, or from services provided as a freelancer or independent contractor?

Include income from proprietorships, partnerships and rental income for the use of real estate or personal property. Report NET income after business expenses.

No  **Go to 27**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly   
Every 2 weeks   
Twice a month   
Monthly   
Yearly   
Other  **Give details below.**

# INCOME, ASSETS, AND RENT



**27** Do you or anyone else receive income from a pension or annuity plan?

*This includes payments from an employer retirement plan, military retirement benefits, military service-connected disability compensation, foreign pensions, and retirement annuity plans.*

No  **Go to 28**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other  **Give details below.**

**28** Do you or anyone else receive unemployment benefits, work-related disability benefits (state disability), or workers' compensation?

No  **Go to 29**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other  **Give details below.**

**29** Do you or anyone else receive income from alimony (spousal support) or child support?

No  **Go to 30**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other  **Give details below.**

**30** Do you or anyone else make regular withdrawals or receive distributions from Individual Retirement Accounts (IRAs), Roth IRAs, 401(k), or other accounts specifically designed for retirement.

No  **Go to 31**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other  **Give details below.**

# INCOME, ASSETS, AND RENT



**31** Do you get CalFresh benefits?  
*CalFresh issues monthly electronic benefits that can be used to buy most foods at many markets.*

No  **Go to 32**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly   
Every 2 weeks   
Twice a month   
Monthly   
Yearly   
Other  **Give details below.**

**32** Do you or anyone else receive CalWORKs benefits, payments from General Relief (GR), or cash assistance for immigrants (CAPI)?

No  **Go to 33**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly   
Every 2 weeks   
Twice a month   
Monthly   
Yearly   
Other  **Give details below.**

**33** Do you or anyone else receive regular financial assistance from friends, relatives, or anyone else outside of the household?

*Any assistance you receive more than three times per year is considered "regular," unless the amount is less than \$100 each time.*

No  **Go to 34**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly   
Every 2 weeks   
Twice a month   
Monthly   
Yearly   
Other  **Give details below.**

# INCOME, ASSETS, AND RENT



**34** Do you or anyone else have any other sources of income?

*Examples of other sources may include royalty or residuals income, hobby income, court awards or damages, or income from estates and trusts.*

No  **Go to 35**

Yes  **How much?** Enter total amount in dollars.

\$

**How often?** Mark [X] one box only.

- Weekly   
Every 2 weeks   
Twice a month   
Monthly   
Yearly   
Other  Give details below.

**35** Did you file a tax return for the most recent tax year?

No  **Go to 36**

Yes  **What was the filing status of any tax returns filed in the most recent tax year?**

- Head of household   
Married filing separately   
Married filing jointly   
Qualified widow or widower   
Single

**36** Do you and all household members have more than \$5,000 in assets combined?

Assets include:

- The total cash value of all household checking and savings accounts, investment accounts such as stocks, bonds, saving certificates, and money market funds;
- Equity in real property or other capital investments, trusts, and retirement savings accounts;
- The cash value of whole life insurance policies;
- Personal property held as an investment, such as gems, jewelry, coin collections, antique/classic cars, or luxury vehicles valued at \$5,000.00 or higher, etc.

No

Yes

**37** What is the total monthly rent for your apartment?

*If you pay an additional amount for parking, DO NOT count it as part of your rent.*

\$

**38** Do you normally split the cost of the rent with a roommate or person outside of the household?

No  **Go to 39**

Yes  **How much does the roommate or other person pay?**

\$

# CERTIFICATION



Section 4.08.820 of the Santa Monica Municipal Code states that any person who knowingly makes a false, misleading, or fraudulent material statement or representation in any matter within the jurisdiction of the City shall be guilty of a misdemeanor, which shall be punishable by a fine not exceeding one thousand dollars per violation, or by imprisonment in the County Jail for a period not exceeding six months, or by both such fine and imprisonment.

**39** Do you understand that if you knowingly make a false, misleading, or fraudulent material statement or representation on this application, you may risk losing your assistance or be liable for prosecution?

No  Your application cannot be accepted.

Yes

**40** Applicant Signature

**41** Today's Date

**End of Application**

## How to Submit Application

**Submit by mail, email, or fax to:**  
City of Santa Monica  
Housing & Human Services Division  
1901 Main St, Ste B  
Santa Monica, CA 90405

Email: [podprogram@smgov.net](mailto:podprogram@smgov.net)

Fax: (310) 264-7757