



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**

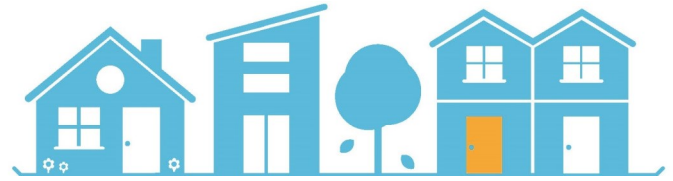
Question 7 is optional, but your response helps ensure our outreach is inclusive of Santa Monica's diverse community.

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

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
1685 Main Street, Mail Stop #19
Santa Monica, CA 90401

Email: podprogram@santamonica.gov

Fax: (310) 264-7757