



**Community Services  
& Parks**

**Cooling Fan Assistance Program**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

1. How did you hear about the Cooling Fan Assistance Program? (Social Media, TV, City Website, etc.)

\_\_\_\_\_

2. Are you 60 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Do you currently have an air conditioning unit in your home (i.e. Central Air, Fan, Wall Unit, etc.)?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please specify what type (Central air / wall unit / fan): \_\_\_\_\_

4. What type of housing unit do you live in? (House, apartment, shared room, board/care, facility, other)

\_\_\_\_\_

5. Do you live in low-income subsidized housing? (Ex: Senior housing, Section 8, low-income unit, etc.)

\_\_\_\_\_ Yes \_\_\_\_\_ No If YES, please specify what type: \_\_\_\_\_

6. What is your total gross annual income? Please complete the box below.

My total family\* size consists of \_\_\_\_\_ members including myself, and the total gross annual income\*\* for all adult members in my household is \$\_\_\_\_\_.

\* "Family" is defined as: All persons living in a household who are related by birth, marriage or adoption.

\*\*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but does not include the income of live-in aids, per 24 CFR 5.403).

**Eligible Income Limits**

	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
Low-to moderate level Income 80% MFI	\$66,249 or less	\$75,99 or less	\$85,149 or less	\$94,599 or less	\$102,199 or less	\$109,749 or less	\$117,349 or less	\$124,899 or less

**Income Verification** - Please select one or more of the items below you will provide for proof of income:

Employment, Pay Stubs,W-2 (Box 1 Gross Income)

Self-employment, Business Income, 1099

Disability Income

TANF/CalWORKs/General Relief/Public Assistance Income

Unemployment Income

Worker's Compensation

Child Support

Social Security, Pension, Retirement

Other: Specify

7. Do you have a medical condition that gets worse with heat? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. Are you affected by COVID-19 either by exposure, or at high risk to exposure due to age or compromised immune system? \_\_\_\_\_ Yes \_\_\_\_\_ No

WARNING: I certify that the information contained on this form is complete and true to the best of my knowledge. I authorize the City of Glendale or its providers/agencies to request and obtain income documentation from me, if necessary. WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department or Agency of the U.S. Making false statements is a felony under California State Law (Penal Code Sections: 115, 118, 487, 532) and may result in criminal charges.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Forms can be submitted:**

**Online:** [www.glendaleca.gov/cspcares](http://www.glendaleca.gov/cspcares)

**E-mail:** [cspcares@glendaleca.gov](mailto:cspcares@glendaleca.gov)

**Mail:** Sparr Heights Community Center  
C/O: Cooling Fan Assistance Program  
1613 Glencoe Way  
Glendale, CA 91208

Please call (818) 548-2187 for additional questions or assistance.