



Free In-Home Broadband Access Program Application

Before you get started

The personal information you enter on this application will be used to see if you qualify for a broadband access modem at no-cost. This information will only be used to find out if you qualify.

You are only allowed to get one modem per household, not per person. A household is a group of people who live together and share income and expenses (even if they are not related to each other).

You must give accurate and true information on this application.

If the City is unable to verify that you or someone in your household qualify, you may need to provide additional documents. For example, you may need to provide an official document that proves your participation in a qualifying government assistance program, your income, or your address.



Free In-Home Broadband Access Program Application

Home Address and Contact Information

* 1. Contact Information

Full Name	<input type="text"/>
Home Address	<input type="text"/>
Home Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text" value="-- select state --"/>
ZIP/Postal Code	<input type="text"/>
Email Address <i>If you do not have one, type "none"</i>	<input type="text"/>
Phone Number	<input type="text"/>



Free In-Home Broadband Access Program Application

Program Participation

The following questions ask about your participation in any government assistance programs.

* 2. Do you, or someone in your household, participate in any of the following programs?
Mark all boxes that apply.

If none, select "None of the above."

- Children's Health Insurance Program (CHIP)
- Child Care and Development Fund (CCDF) Program, for childcare subsidies
- Medi-Cal/Medicaid
- National Housing Trust Fund (HTF), for affordable housing programs only
- Home Investment Partnerships Program (HOME), for affordable housing programs only
- CalWORKS/Temporary Assistance for Needy Families (TANF)
- CalFresh/Supplemental Nutrition Assistance Program (SNAP)
- Free and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) Programs
- Medicare Part D Low-Income Subsidies
- Supplemental Security Income (SSI)
- Head Start and/or Early Head Start
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Section 8 Vouchers/Housing Choice Voucher Program
- Low-Income Home Energy Assistance Program (LIHEAP)
- Pell Grant
- Title I Schools
- Lifeline benefit (FCC)
- Veterans Pension and Survivors Benefit
- None of the above

Free In-Home Broadband Access Program Application

Household Composition

* 3. Including yourself, how many people live in your home?

* 4. How many digital devices are in your home? Please give an estimate. This information is collected to assess the broadband needs of your household for an efficient network.

Some examples of digital devices could include smartphones, tablets, laptops, desktop computers, smart TVs, streaming devices, gaming consoles, smart speakers, and digital assistants.

Wages

* 5. Do you or anyone else in your household receive WAGES, SALARY, COMMISSIONS, BONUSES or TIPS from a JOB?

No

Yes

Free In-Home Broadband Access Program Application

Wages Income

* 6. How much do you and everyone else in your household receive in WAGES, SALARY, COMMISSIONS, BONUSES or TIPS from a JOB?

Enter a number for the total dollar amount before taxes and payroll deductions.

* 7. How often do you and everyone else in your household receive the above amount in WAGES, SALARY, COMMISSIONS, BONUSES or TIPS from a JOB?

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other (please specify)

Social Security/SSI

* 8. Do you or anyone else in your household receive SOCIAL SECURITY or SUPPLEMENTAL SECURITY INCOME (SSI)?

- No
- Yes

Free In-Home Broadband Access Program Application

Social Security/SSI Income

* 9. How much do you and everyone else in your household receive in SOCIAL SECURITY or SUPPLEMENTAL SECURITY INCOME (SSI)?

Enter a number in the space below for the total dollar amount before any deductions for medical insurance premiums.

* 10. How often do you and everyone else in your household receive the above amount in SOCIAL SECURITY or SUPPLEMENTAL SECURITY INCOME (SSI) benefits?

Monthly

Yearly

Other (please specify)

Self Employment

* 11. Do you or anyone else in your household receive income from SELF-EMPLOYMENT, A BUSINESS OWNED BY YOU OR ANYONE ELSE IN YOUR HOUSEHOLD, OR FROM SERVICES PROVIDED AS A FREELANCER OR INDEPENDENT CONTRACTOR?

No

Yes

Free In-Home Broadband Access Program Application

Self Employment Income

* 12. How much income do you and everyone else in your household receive from SELF-EMPLOYMENT, BUSINESS, OR FROM SERVICES PROVIDED AS A FREELANCER OR INDEPENDENT CONTRACTOR?

Report NET income after business expenses. Enter a number in the space below for the total dollar amount.

* 13. How often do you and everyone else in your household receive the above amount in income from SELF-EMPLOYMENT, BUSINESS, OR FROM SERVICES PROVIDED AS A FREELANCER OR INDEPENDENT CONTRACTOR?

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other (please specify)

Pension/Annuity

* 14. Do you or anyone else in your household receive INCOME FROM ANY PENSION OR ANNUITY PLAN?

- No
- Yes

Free In-Home Broadband Access Program Application

Pension/Annuity Income

* 15. How much do you and everyone else in your household receive in INCOME FROM ANY PENSION OR ANNUITY PLAN?

Enter a number in the space below for the total dollar amount.

* 16. How often do you and everyone else in your household receive the above amount in INCOME FROM ANY PENSION OR ANNUITY PLAN?

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other (please specify)

Unemployment/Disability/WC

* 17. Do you or anyone else in your household receive UNEMPLOYMENT BENEFITS, WORK-RELATED DISABILITY COMPENSATION (STATE DISABILITY), or WORKERS' COMPENSATION?

- No
- Yes

Free In-Home Broadband Access Program Application

Unemployment/Disability/WC Income

* 18. How much do you and everyone else in your household receive from UNEMPLOYMENT BENEFITS, WORK-RELATED DISABILITY COMPENSATION (STATE DISABILITY), or WORKERS' COMPENSATION?

Enter a number in the space below for the total dollar amount.

* 19. How often do you and everyone else in your household receive the above amount from UNEMPLOYMENT BENEFITS, WORK-RELATED DISABILITY COMPENSATION (STATE DISABILITY), or WORKERS' COMPENSATION?

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other (please specify)

Alimony

* 20. Do you or anyone else in your household receive income from ALIMONY (SPOUSAL SUPPORT) or CHILD SUPPORT?

- No
- Yes

Free In-Home Broadband Access Program Application

Alimony Income

* 21. How much income do you and everyone else in your household receive from ALIMONY (SPOUSAL SUPPORT) or CHILD SUPPORT?

Enter a number in the space below for the total dollar amount.

* 22. How often do you and everyone else in your household receive the above amount from ALIMONY (SPOUSAL SUPPORT) or CHILD SUPPORT?

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other (please specify)

Other Sources

* 23. Do you or anyone else in your household have any OTHER SOURCES OF INCOME?

- No
- Yes



Free In-Home Broadband Access Program Application

Other Sources Income

* 24. How much do you and everyone else in your household receive from any OTHER SOURCES OF INCOME?

Enter a number in the space below for the total dollar amount.

* 25. How often do you and everyone else in your household receive the above amount from any OTHER SOURCES OF INCOME?

- Weekly
- Every 2 weeks
- Twice a month
- Monthly
- Yearly
- Other (please specify)



Free In-Home Broadband Access Program Application

Verifying Document(s)

Thank you for filling out the application questions. To complete your application, please make sure to submit the requested verifying documents below. If you're unable to upload them below, you can submit them via email, mail, or in-person to the City of Bellflower after you finish this online application.

Here are other ways to submit your verifying documents to the City:

Email	Email document(s) as attachment(s) to: economic_dev@bellflower.org
Mail	Mail document copies to: City of Bellflower Economic Development Department 16600 Civic Center Drive Bellflower, CA 90706
In-Person	Bring document(s) to: City of Bellflower Economic Development Department 16600 Civic Center Drive Bellflower, CA 90706 The Economic Development Department is located on the 2nd floor of City Hall. Office hours are Monday-Thursday: 8:00am - 5:30pm; Friday: 8:00am - 4:30pm (closed every other Friday and holidays)

26. To confirm your address, we need a copy of your government-issued photo ID that shows your Bellflower home address. However, you can also upload one of these documents that shows your name and address:

- rental agreement or lease
- cancelled rent check
- rent payment receipt
- utility bill
- employer or agency record
- voter registration
- vehicle registration
- income tax document

27. Since you answered that you or someone in your household participates in at least one of the listed government assistance programs, we require a document or documents verifying the participation. Only one proof of participation in any program is required to qualify.

For reference, here is a list of the qualifying programs:

Children's Health Insurance Program (CHIP)	Supplemental Security Income (SSI)
Child Care and Development Fund (CCDF) Program, for childcare subsidies	Head Start and/or Early Head Start
Medi-Cal/Medicaid	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
National Housing Trust Fund (HTF), for affordable housing programs only	Section 8 Vouchers/Housing Choice Voucher Program
Home Investment Partnerships Program (HOME), for affordable housing programs only	Low-Income Home Energy Assistance Program (LIHEAP)
CalWORKS/Temporary Assistance for Needy Families (TANF)	Pell Grant
CalFresh/Supplemental Nutrition Assistance Program (SNAP)	Title I Schools
Free and Reduced-Price Lunch (NSLP) and/or School Breakfast (SBP) Programs	Lifeline benefit (FCC)
Medicare Part D Low-Income Subsidies	Veterans Pension and Survivors Benefit

Please provide copies of your documentation that shows your name and address (question #26) and a copy of your proof of participation (question #27)

Free In-Home Broadband Access Program Application

Verifying Document(s) - Income

Since you answered that you or someone else in your household has one or more sources of income, we may require a document or documents to make sure you qualify based on income. The City will contact you if you need to provide additional documents.

Certification

* 28. As per Title 18, Section 1001 of the U.S. Code, it is considered a felony for any individual to knowingly and willingly provide false or fraudulent statements to any department of the United States Government.

I, the undersigned, hereby certify that all the statements mentioned herein are true and correct to the best of my knowledge and belief. I understand that the information provided in this certification may be subject to verification, and I agree to provide any necessary documentation if requested to do so.

Please type your full name in the space below as a signature.

* 29. Please enter today's date as your signature date.

Date / Time

Date

