



**CITY OF EL MONTE**  
**GUARANTEED BASIC INCOME PROGRAM**  
**Application Form**

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**APPLICANT INFORMATION**

1. Please provide your name:

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First Name

Middle Initial

Last Name

2. Do you currently live within the City of El Monte city limits?

Yes

No

3. Please provide your home address:

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Street Address

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City

State

Zip Code

4. Please provide your telephone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Please provide your cell phone number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Do we have your permission to send you text messages about the Guaranteed Basic Income Program?

Yes

No

7. Please provide your email address: \_\_\_\_\_

8. When is the best day/time to reach you? \_\_\_\_\_

9. Are you the head of your household?

Yes

No



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10. What is your date of birth?

\_\_\_\_\_

Month                      Day                      Year

11. What is your sex, as currently listed on your driver's license or ID?

- Male
- Female
- Gender-neutral designation (X)
- Other (Please specify: \_\_\_\_\_)

12. How well do you speak English?

- Very well
- Well
- Not well
- Not at all

13. What is the main language that you speak at home?

- English
- Spanish
- Chinese
  - Cantonese
  - Mandarin
- Vietnamese
- Other (Please specify: \_\_\_\_\_)

14. What is your current marital status?

- Married
- Divorced
- Widowed
- Separated
- Single, never married
- Living with someone as a couple without being married



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15. Including yourself and any other adults who currently reside in your household, how many people in total currently live in your household including children and infants?

Number of household residents: \_\_\_\_\_

16. Including yourself, how many adults are currently living in your household?

Number of adults: \_\_\_\_\_

17. How many children, aged 0 to 17 years, are currently living in your household either full-time or part-time?

Number of children 0-17: \_\_\_\_\_

18. Please list the current age, date of birth, and relationship to you (the applicant) for all the children currently living in your household.

| Child   | Child's current age | Child's date of birth | Child's relationship to the applicant |
|---------|---------------------|-----------------------|---------------------------------------|
| Child 1 |                     |                       |                                       |
| Child 2 |                     |                       |                                       |
| Child 3 |                     |                       |                                       |
| Child 4 |                     |                       |                                       |
| Child 5 |                     |                       |                                       |
| Child 6 |                     |                       |                                       |

19. What is your annual household income before taxes? Please provide your best estimate.

- Less than \$10,000 dollars per year
- \$10,001 dollars to \$15,000 dollars per year
- \$15,001 dollars to \$20,000 dollars per year
- \$20,001 dollars to \$25,000 dollars per year
- \$25,001 dollars to \$30,000 dollars per year
- \$30,001 dollars to \$35,000 dollars per year
- \$35,001 dollars to \$40,000 dollars per year
- \$40,001 dollars to \$45,000 dollars per year



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- \$45,001 dollars to \$50,000 dollars per year
- \$50,000 dollars or more per year
- \$55,001 dollars to \$60,000 dollars per year
- \$60,001 dollars to \$65,000 dollars per year
- \$65,001 dollars to \$70,000 dollars per year
- \$70,001 dollars to \$75,000 dollars per year
- More than \$75,000 dollars per year

20. How many adults in your household contribute to your household expenses? \_\_\_\_\_

21. Have you been financially impacted by the coronavirus pandemic?

- Yes
- No

22. IF YES: please describe how (i.e. reduction of work hours, job loss, loss of income, illness, medical bills, loss of housing, loss of childcare, etc.)

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Thank you for taking the time to complete this form. Please drop your completed form in the designated drop box or mail it to the following address:

City of El Monte  
City Hall West  
ATTN: Community and Economic Development Department  
11333 Valley Blvd.  
El Monte, CA 91731

**Program applications are due November 10, 2022.**

Program staff will review your application and will notify applicants whether they are eligible for the program by November 18, 2022.



## **CITY OF EL MONTE GUARANTEED BASIC INCOME PROGRAM**

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Applicants who are eligible for the program will be required to provide the following information to complete their application to the program by November 21, 2022:

- Proof of El Monte residency (driver's license, government-issued ID, utility bill in your name, rental agreement, etc.)
- School enrollment form for each school-age child in your household
- Proof of income (paycheck stubs for the last 2 months for all members of the household who work for pay and contribute to the household)
- Government issued ID (driver's license, government-issued ID, passport, resident alien card, etc.)

### **QUESTIONS?**

Please direct questions about the program to:

**City of El Monte**  
**Guaranteed Basic Income Program**  
Michelle Solorzano at (626) 580-2278 or [msolorzano@elmonteca.gov](mailto:msolorzano@elmonteca.gov)