



City of Danville
 Community Development
 Housing and Development Division

Dear Client:

RE: Air Purifier Program

Thank you for your interest in the City of Danville’s CDBG-CV Program. This program is for low income families who have had an individual(s) in the household test positive for COVID-19 within the last 30 days **and** who are either high risk or have other family members in the household who are high risk of contracting COVID-19.

Examples of high risk individuals include but are not limited to:

- Older adults
- People with certain underlying conditions like heart or lung disease or diabetes
- Asthma
- Cancer
- Down Syndrome
- Pregnancy

If approved, the City of Danville VA’s Office of Community Development will deliver a new air purifier which could decrease the chance of spreading the virus in the household. It is recommend that the purifier be used in the room(s) of the person(s) who have tested positive for the virus. The purifier is property of the City of Danville VA and is not to be sold, traded or disposed of without permission of the City of Danville VA’s Community Development office.

Enclosed you will find an application. Please fill out the application completely and sign all required areas. There will be certain information that will be required along with the application upon its return. **Please provide the following: proof of income (3 most recent pay stubs, most recent award letter for SSI, disability or Social Security benefits, monetary determination or zero income affidavit), positive COVID-19 test results from last 30 days, and proof of any underling health issues that qualify you as high risk.**

PERSONS IN FAMILY	1	2	3	4	5	6	7	8
LOW	33,850	38,650	43,500	48,300	52,200	56,050	59,900	63,800
VERY LOW	21,150	24,200	27,200	30,200	32,650	35,050	37,450	39,900
EXTREMELY LOW	12,760	17,240	21,720	26,200	30,680	35,050	37,450	39,900

If you have any questions, contact Victoria Mitchell at ext. 3741 or Chasta White at 434-799-5260 ext. 2506 to discuss the program more in-depth.

COVID-19 AIR PURIFICATION PROGRAM

APPLICANT NAME: _____
 Current Address: _____
 City, State, Zip Code: _____
 Home Phone: _____ Alternate Phone: _____

HOUSEHOLD COMPOSITION

(List the Head of Household and all others who will be living in the unit. Give the relationship of each person to the head.)

Full Name	Relationship	Age	Race	Sex	Tested Positive for COVID-19 in last 30 days (Y/N)

Please answer the following questions:

Is anyone in the home currently quarantined? **YES/NO**

If yes, please list the household members: _____

Does anyone in the household have underlying health issues that increases the risk of testing positive for COVID-19? **YES/NO**

If yes, please list the household members and conditions:

HOUSEHOLD MEMBER	HEALTH CONDITION

Is there currently a working air purifier or air filtration system in the home? **YES/NO**

What is the total monthly income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

APPLICATION CERTIFICATION: I/we understand that the above information is being collected to determine if I/we are eligible to participate in the COVID-19 Air Purification Program. I/we authorize the City of Danville VA, Office of Community Development, to verify all information provided on this application.

Applicant Signature

Date
