City of Monterey Park
Air Purifier Reimbursement Program

320 W. Newmark Avenue, Monterey Park, CA 91754
Office Hours: Monday – Thursday, 7:30 a.m. to 6:00 p.m.
(626) 307-1348 | utilitypayments@montereypark.ca.gov

The City of Monterey Park is pleased to offer the following air purifier reimbursement program to qualified households who meet the eligibility requirements as identified below. To apply, please fill out the application form and attach the required documentation. If approved, you will receive up to $75.00 or 40% of the purchase price, whichever amount is less. The purchase must have been made between June 17, 2026 through June 28, 2026. If you are income qualified based on the chart below, please complete the application and attach a clear copy of the receipt. The application period begins Monday, June 29, 2026 through Friday, July 31, 2026. Applications can be turned into the Water Counter at City Hall or via email at utilitypayments@montereypark.ca.gov. One reimbursement is allowed per household.

Eligibility Criteria:

A. Proof of Residency - please provide one of the following:
   - Recent utility bill or credit card statement
   - California Identification Card or California Driver's License

B. Income Qualifications

Income Requirements	
Number of persons living in home	*Maximum total "gross household income" from all sources*
1-2	$43,280
3	$54,640
4	$66,000
5	$77,360
6	$88,720
Each Additional Person	$11,360

C. Please provide proof of income for applicant and all household family members (e.g. a copy of the California Resident Income Tax Return Form 540, Social Security Benefits Statement, award letter of the amount of SSI benefits received, etc. If none are applicable, please provide a NOTARIZED LETTER stating income.) Note: name of applicant, address and income verification documents must all match.

City of Monterey Park
Air Purifier Reimbursement Program
One Reimbursement Per Household

Date:_____ Name of Applicant:_____

Address:_____

Phone Number:_____ Email Address:_____

Total Number of Person(s) in Household:_____

Total Gross Annual Income of Household:_____

Total Cost of Air Purifier:_____ Date of Purchase:_____

Note: Approved reimbursement is up to $75 or 40% of purchase price, whichever is less.

Signature and Acknowledgement

I agree to the terms and conditions as set forth by the City of Monterey Park. I understand that the information I have provided in this application is true and correct.

Print Name:_____

Signature:_____

For Office Use Only

Date Received:_____ Date Reviewed:_____

Received By:_____ Reviewed By:_____

Reimbursement Amount:_____