

CHARITABLE GIVING CENTER

Computer application: individuals and families

EIN: 92-1162407

ATTENTION

All assistance provided by Charitable Giving Center ("the Charity") is reported to the Internal Revenue Service (IRS). By accepting a computer, you acknowledge that the IRS considers charitable assistance of any kind a form of income. If you receive state or federal assistance based on household income (such as TANF, SSI, SSDI or SNAP), accepting a computer may reduce or end that assistance. Talk to your case manager or social worker before you apply.

How do I apply?

Complete every section of this application and sign it. Applications with missing information can't be reviewed. Submit only one application every 30 days.

Print the application and mail it to the address below. Applications sent by email, through a website form or by phone are not accepted.

Mailing address:

Charitable Giving Center
1175 Shaw Avenue, #104-135
Clovis, CA 93612

If you don't have a printer at home, most libraries, schools, churches and community centers can help you print this form.

When will I hear back?

Your application stays on file for 30 days from the date it is postmarked. The Board of Directors reviews your needs and checks them against the donated computers on hand.

If a computer is available for you, a Board Member will contact you within 30 days. We can't reply to every application, so please include a phone number with working voicemail and a valid email address. If you haven't heard from us after 30 days, you are welcome to apply again.

Please do not call the donation line about your application. The people who answer it can't see applications or give status updates.

What you may need to provide if selected

- Photo ID (driver's license, state ID or passport)
- Proof of residence (utility bill or rental agreement)
- Social Security Number
- Most recent bank statement
- Earned income for everyone in your household for the past 30 days (pay stubs or an employer statement; if self-employed, an income and expense report or two years of tax returns)

- Unearned income for everyone in your household for the past 30 days (benefit award letters, unemployment, SSI, Social Security, veterans benefits, child support, school grants or loans)
- Housing costs (rent receipts, mortgage, property tax or insurance)
- Utility and phone bills
- Medical costs for household members who are 60 or older or disabled
- Child or adult care costs

It is your responsibility to

- Check your application for missing information or errors before you mail it.
- Gather the documents listed above before you are contacted.
- Note the date you mailed your application.
- Update your application if you reapply after 30 days, including changes to income, household size or address.
- Be honest and complete in everything you provide.

Program rules and penalties

Giving false information, or leaving information out on purpose, to get a computer you are not eligible for (or to help someone else get one) is a crime. If your information is found to be false or incomplete, you must return the computer or pay its value.

I understand that if I commit a program violation by:	I may:
• Leaving out information or making false statements • Falsifying documents • Having others make false statements for me	• Be required to return the computer • Pay for any damage so it is returned in the condition I received it • Be required to pay its value if I can't return it • Be fined or imprisoned under state and federal law

Use of Social Security Numbers

IRS rules require us to report what assistance we provide and to whom. If you are selected, you will need to provide your Social Security Number. Without it, we can't provide a computer.

All assistance provided by the Charity is considered income by the IRS. Names, Social Security Numbers, dates of birth and addresses are provided to the IRS.

Nondiscrimination

Everyone is treated equally and with respect. In keeping with federal law, discrimination based on race, color, national origin, sex, age, religion, political beliefs or disability is prohibited.

Privacy

The Charity will not share your information unless you give permission or federal or state law allows it. Your information is used to manage the program and meet its rules.

APPLICANT INFORMATION

NAME (FIRST, MIDDLE, LAST)

HOME ADDRESS (STREET, CITY, STATE, ZIP)

HOME OR CELL PHONE (WITH VOICEMAIL)

ALTERNATE PHONE

EMAIL ADDRESS

DATE OF BIRTH

PLACE OF EMPLOYMENT OR SCHOOL

CASE MANAGER OR SOCIAL WORKER (IF ANY)

EVERYONE ELSE LIVING AT THIS ADDRESS

Household member 1

NAME (FIRST, MIDDLE, LAST)

AGE

RELATIONSHIP

SCHOOL OR EMPLOYER

Household member 2

NAME (FIRST, MIDDLE, LAST)

AGE

RELATIONSHIP

SCHOOL OR EMPLOYER

Household member 3

NAME (FIRST, MIDDLE, LAST)

AGE

RELATIONSHIP

SCHOOL OR EMPLOYER

Household member 4

NAME (FIRST, MIDDLE, LAST)

AGE

RELATIONSHIP

SCHOOL OR EMPLOYER

THE COMPUTER YOU NEED

Type of device (check one):

☐ Laptop ☐ Desktop ☐ Chromebook ☐ Tablet ☐ No preference

What will it be used for? (check all that apply):

☐ School or homework ☐ Job search or work ☐ Training or classes ☐ Medical or telehealth
☐ Staying in touch with family ☐ Other

Do you have internet access at home? ☐ Yes ☐ No

TELL US WHY YOU NEED A COMPUTER AND WHY YOU CAN'T GET ONE YOURSELF

Include everything that matters. We will not contact you to ask for more details.

By signing below, I confirm that I have read and understand this form and that the information I provided is true.

APPLICANT SIGNATURE	DATE
APPLICANT NAME (PRINT)	