CANNABIS SOCIAL EQUITY PROGRAM APPLICATION



PROGRAM OVERVIEW

The City of Coachella established a Social Equity Program through City Council Resolution No. 2019-15, dedicated to aiding individuals and businesses that were negatively or disproportionately impacted by cannabis criminalization within the City.

The goal is to allow participants to gain entry to and successfully operate in California's regulated cannabis marketplace and economy.

Application Instructions

Information provided in this application will help determine your eligibility to participate in the Coachella Cannabis Social Equity Program.



To qualify, you must provide all required information and cooperate with City officials requesting verification of responses and supporting documentation.



Neatly print responses in blue or black ink



You must not leave any sections blank. If a question does not apply to you, write "NIA" or "Not Applicable" in the space provided.



If you need additional space to respond, attach additional sheets of paper and identify the number of the relevant question.



The City may ask for additional information to process applications.

Program Eligibility

All program applicants must meet the following qualifications:

- 21 years of age or older
- Able to legally work in the United States
- Current or former City of Coachella resident or current Coachella Valley resident
- Currently living or previously lived in a low-income household
- An individual (or immediate family member of an individual) who meets one or more of the following qualifications:
 - Classification 1: Arrested or convicted for a cannabis-related crime in the State of California between 1980 and 2016
 - Classification 2: Coachella Valley resident convicted for a cannabis-related crime between 1980 and 2016, with an annual family income at or below 80% of the Area Median Income (AMI) and net worth less than \$250,000



CANNABIS SOCIAL EQUITY PROGRAM APPLICATION FORM

| Name (first/last) | | |
|---|---|--|
| Address | City | State Zip |
| Email Address | Phone | |
| Preferred Method of Contact: OEmail OP | hone OText | |
| Eligibility Criteria 21 years of age or older Legally able to work in the | Each applicant is required to provide the following documentation: 1. PROOF OF INCOME. Proof of income shall be supported by a copy of the most recently filed federal and state tax returns, along with one of the following documents from the last five years: O Two months of pay stubs Proof of current eligibility for General Assistance, food stamps, | |
| United States Current or former City of Coachella resident Current Coachella Valley resident | | |
| Currently living or previously lived in a low-income householdAn individual (or immediate family | Medi-Cal/CalWORKs, Supplemental Security Income, or Social Security Disability Insurance, or similar documentation. PROOF OF RESIDENCE. Proof of residence shall be supported by two of the following documents: | |
| member of an individual) who: O Was arrested or convicted for a cannabis-related crime in the State of California between 1980 and 2016 | California driver's license or identification card Property tax bills Signed property rental | |
| O Is a Coachella Valley resident convicted for a cannabis-related crime between 1980 and 2016, with an annual family income at or below 80% of the Area Median Income (AMI) and net worth less than \$250,000 | agreement O Verified copies of state or federal tax returns with an address in the City of Coachella | Authority records O Utility, cable, or internet company billing and payment records |
| | Those qualifying under Classification 1 must provide the following additional documentation: PROOF OF ARREST OR CONVICTION FOR A CANNABIS- | |
| Yes, I meet the eligibility criteria No, I do NOT meet the eligibility criteria | | arrest or conviction for a cannabis- |
| DATH OF APPLICATION : I declare, under penalty of perjury, that all of the information provided in this application and supporting | | |

CATH OF APPLICATION: I declare, under penalty of perjury, that all of the information provided in this application and supporting documents is true and correct. I certify this application is complete to the best of my knowledge. I have read and understand all program requirements for the City of Coachella Cannabis Social Equity Program. I understand that including false, misleading or fraudulent information will cause my application to be denied.

Signature: Print Name: Date: