

AB 617 Residential Air Filtration Application Workshop

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South Coast Air Quality Management District



AGENDA

- Applicant Eligibility
- Air Filtration Units
- Application Steps
- Website
- Application Form
- Submission and Timeline
- More Information

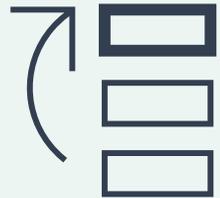


APPLICANT ELIGIBILITY



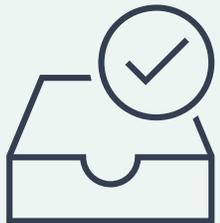
Participating AB 617 Communities

- Eastern Coachella Valley
- East Los Angeles, Boyle Heights, West Commerce



Application Prioritization

- ECV – Applications evaluated on first come, first served basis
- ELABHWC – Applications for residences near sources of DPM will receive priority within the first 30 days of program opening



Eligible Applicants

- Must verify home address by providing:
 - Current (within 3 months) utility bill, or
 - Property tax statement

AIR FILTRATION UNITS

- Utilize High Efficiency Particulate Air (HEPA) filters rated to remove 99.97% of particles measuring .3 micrometers or greater
- CARB Certified – units tested for ozone emissions and meet an ozone emission concentration limit of 0.050 parts per million (50 ppb)
- Energy Star Certified to ensure energy efficient operation
- Unit's Clean Air Delivery Rating (CADR) is certified by the Association of Home Appliance Manufacturers (AHAM)



HOW TO APPLY FOR A RESIDENTIAL AIR FILTRATION UNIT

1

VISIT WEBSITE

- ✓ Go to Aqmd.gov/RAF
- ✓ Click 'Begin application'

2

FILL FORM

- ✓ Fill in the online application

3

CHOOSE UNIT

- ✓ Review spec sheet and compare units
- ✓ Choose two units
 - ✓ Preferred
 - ✓ Backup

4

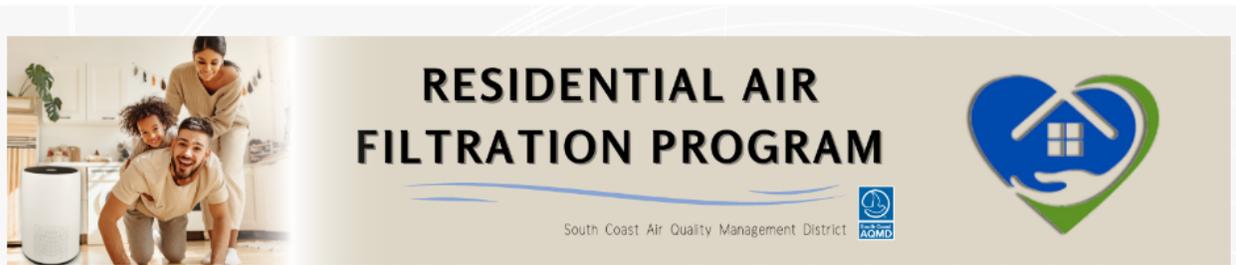
ATTACH

- ✓ Add document to verify residence
- ✓ Current utility bill: gas, water, electric or
- ✓ Property tax statement

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SUBMIT

- ✓ Review application for accuracy
- ✓ Electronically sign and submit



The banner features a photograph of a family (a woman, a man, and a child) in a living room with an air purifier. To the right of the photo, the text reads "RESIDENTIAL AIR FILTRATION PROGRAM" in large, bold, black letters. Below this, in smaller text, is "South Coast Air Quality Management District" and the AQMD logo. To the right of the text is a stylized logo consisting of a blue heart shape with a white house icon inside, and a green swoosh underneath.

The Residential Air Filtration Program aims to reduce residential exposure to particulate matter (PM) in participating AB 617 Communities. Residents within these communities are eligible for portable air filtration units and replacement filters. AB 617 communities participating in the program include:

- East Los Angeles, Boyle Heights, West Commerce, and
- Eastern Coachella Valley.

Who is Eligible for Residential Air Filtration

Residents within East Los Angeles, Boyle Heights, West Commerce and Eastern Coachella Valley AB 617 Communities. South Coast AQMD will begin accepting applications until funds are exhausted. In ECV, funding will be available to applicants on a first come, first-served basis. For ELABHWC, South Coast AQMD will prioritize funding for residences near sources of DPM for applications received within 30 days of program opening. After this period, funding will be available to applicants on a first-come, first-served basis.

When submitting an application, one of the following documents will be required to verify residence:

- First page of utility bill (water, gas, electric), or
- Property tax statement

VISIT WEBSITE

- www.aqmd.gov/raf
- Available units:
 - Comparison Guide
- Click 'Begin Application'

2

APPLICATION FORM

- Applicant Information (e.g., name and home address)
- Air Filtration Unit Preference
- Residence verification
- Agreement

RESIDENTIAL AIR FILTRATION PROGRAM

South Coast Air Quality Management District

AB 617 Residential Air Filtration (RAF) Application

Application

Application Information

RAF Application Nbr: 196 | Date First Stored: | Time First Stored: | Status: DATA ENTRY

Language Preference for Email Notifications
 English Español

Applicant Information

Full Name* | Phone Number* | Second Phone Number
Email Address*

I confirm that I am a resident of the following AB 617 Community:*
 East Los Angeles, Boyle Heights, West Commerce
 Eastern Coachella Valley

Residence Information (where air filtration unit will be used)

Street* | City* | State: CA | Zip Code*

SECTION 1: APPLICANT INFORMATION

- Language selection

Language Preference for Email Notifications

English Español

Applicant Information

Full Name

Email Address

Second Phone Number

Language Preference for Email Notifications

English Español

I confirm that I am a resident of the following AB 617 Community:*

East Los Angeles, Boyle Heights, West Commerce

Eastern Coachella Valley

Residence Information (where air filtration unit will be used)

Street*

City*

State

Zip Code

County

Property Type*

Single Family Residential

Apartment

Condominium

Duplex

Mobile Home

Other

Property Ownership*

Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

SECTION 1: APPLICANT INFORMATION

- Language selection
- Contact information

Language Preference for Email Notifications
 English Español

Applicant Information

Full Name* Phone Number* Second Phone Number

Email Address*

Applicant Information

Full Name* Phone Number* Second Phone Number

Email Address*

City* State Zip Code

County

Property Type*
 Single Family Residential
 Apartment
 Condominium
 Duplex
 Mobile Home
 Other

Property Ownership*
 Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

SECTION 1: APPLICANT INFORMATION

- Language selection
- Contact information
- AB 617 Community

Language Preference for Email Notifications
 English Español

Applicant Information

Full Name* Phone Number* Second Phone Number

Email Address*

*I confirm that I am a resident of the following AB 617 Community:**
 East Los Angeles, Boyle Heights, West Commerce
 Eastern Coachella Valley

Residence Information (where air filtration unit will be used)

*I confirm that I am a resident of the following AB 617 Community:**
 East Los Angeles, Boyle Heights, West Commerce Community
 Eastern Coachella Valley Community

Street Zip Code

City

County

Property Type*
 Single Family Residential
 Apartment
 Condominium
 Duplex
 Mobile Home
 Other

Property Ownership*
 Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

SECTION 1: APPLICANT INFORMATION

- Language selection
- Contact information
- AB 617 Community
- Residence and shipping information

Residence Information (where air filtration unit will be used)

Street*

City* ▼ State

County

Property Type*
 Single Family Residential
 Apartment
 Condominium
 Duplex
 Mobile Home
 Other

Property Ownership*
 Owner Renter

Electric Utility Name*

Square Footage (sqft) of Home*

Number of People Occupying Home

Use Residence Address as Mailing Address

Mailing Address (address where the air filter will be shipped)

Street*

City* ▼ State

SECTION 2: UNIT SELECTION

- Unit choice is not guaranteed
- Review available units in the Comparison Guide
- Unit recommendations by room size shows in box titled "Room Size"

Air Filtration Unit Preference

Air filtration unit preference is subject to availability.

For product information or to view and compare units please see the specifications sheet:

[English](#), [Español](#)

Unit Information

Choice

#1

Air Filtration Unit

Room Size (sqft)

Choice

#2

Air Filtration Unit

Room Size (sqft)

3

COMPARISON GUIDE

Unit Name	Atem X	AB0610FI	K1910FW	R1510FW	MA-25	MA-40	MA-50	MJR01	Trio Plus
Air Filtration Image									
Manufacturer	IQAir	Cuckoo	Cuckoo	Cuckoo	Medify Air	Medify Air	Medify Air	Oransi	Field Controls
SPECIFICATIONS									
Size	27.1"W x 25.2"H x 10"D	9.1"W x 14.8"H x 9.1"D	13.2"W x 25.6"H x 13.2"D	8.2"W x 14.8"H x 15.1"D	8"W x 13.5H x 8"D	10"W x 22"H x 10"D	9.9"W x 21.2"H x 9.9"D	12"W x 22"H x 12"D	28"W x 17.3"H x 9"D
Weight (lbs)	28.7	12	22	18	7.3	15.6	16	18	26.2
Maximum Noise Level (dBA)*	54	55	58	57	43	53	59	50	55
Recommended Square footage**	644	231	470	380	117	370	545	363	472
HEPA Filter	✓	✓	✓	✓	✓	✓	✓	✓	✓
Filter Life	18-36 months	6 months	12 months	12 months	6 months	6 months	6 months	12 months	6 months
Warranty	10 years	2 years	2 years	2 years	Lifetime	Lifetime	Lifetime	10 years	2 years
More info	Website	Website	Website	Website	Website	Website	Website	Website	Website
Quick Start Guide	Link	Link	Link	Link	Link	Link	Link	Link	Link

* Decibels (dBA): an adjusted measurement of sound produced by the air filtration unit; the above table includes the maximum noise levels of each unit; generally, 50 decibels are comparable to a quiet refrigerator.

** The recommended square footage is for the air filtration unit from the Association of Home Appliance Manufacturers (AHAM).

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Required Attachment for Final Submission

I'm ready to attach Proof of Residence Address (Utility Bill or Property Tax Invoice)

Note: Please attach a copy of the first page of your utility bill or property tax statement. Either document must match the residence address provided above. Attached file can be in pdf or a picture format.

Save in Draft Mode

SECTION 3: VERIFY RESIDENCE

- Documents used to verify applicant home address
- Option to save and return to application at later time

Los Angeles Department of Water & Power

www.ladwp.com

CUSTOMER SERVICE - 7:00 am
1-800-DIAL-DWP (342-5397)

1 **BILL DATE**
Nov 12, 2013

DATE DUE
Dec 2, 2013

ACCOUNT NUMBER
000-000-1000

AMOUNT DUE
\$200.00

Page 1 of 5

SERVICE ADDRESS 1234 CUSTOMER LANE, LOS ANGELES, CA 90012

3 **Paying Your Bill**

AUTOMATIC PAYMENT
Automatically pay from your checking, savings or credit card by logging in at www.ladwp.com/billpay

ONLINE
Pay from your checking, savings or credit card any time by logging in at www.ladwp.com/myaccount

BY PHONE
Pay from your checking, savings or credit card any time by calling 1-800-DIAL-DWP and selecting "Make a Payment."

BY MAIL
Place your payment stub and your check or money order in the envelope provided with the bill.

IN PERSON
Pay at any Customer Service Center.

Account Summary

Previous Account
Payment Received
Credit Balance
New Charges

SOUTHERN CALIFORNIA EDISON
An EDISON INTERNATIONAL Company

For billing and service inquiries
1-800-990-7788
www.sce.com

Your electricity bill

4 **Summary**

Los Angeles

800-342-5397

LADWP provides the City of Los Angeles

City of Los Angeles

Customer Account
2-00-000-0000

Date bill 09/12/19

**521 FARN ST UNIT A
SOUTH, CA 90000-0000**

Your account summary

Previous Balance
Payment Received 08/29/19
Balance forward
Your new charges

Total amount you owe by 10/01/19

IID
A century of service

800.303.7756 760.339.9322 Fax 760.339.9298 www.iid.com

WATER

Customer Information

Name: IV Farmer
Address: PO Box 1000
El Centro, CA 92244

El Centro, CA 92244

Invoice Date: 7/7/2016 1
Account No: 3456543 2
Total Farm Unit Acres: 333.1 3

BILLING SUMMARY	CONSUMPTION SUMMARY
Account Balance	Farm Unit (AF) / MID: 3456543
Billing Period: 5/1/2016 to 5/31/2016	End of Billing Period: 5/31/2016 4/30/2016

ACCEPTABLE DOCUMENTATION

- Utility bill: electricity, gas, water
- Property tax statement

SECTION 4: AGREEMENT

- Must keep and use unit for 3 years
- Warranty issues to be directed to vendors
- Information sharing for delivery of unit
- No resale of units
- Sign and submit

5

Applicant Agreement

This Application is Complete and Ready for Submission to the SCAQMD.

Please read the following and check each box to indicate your acknowledgement:

I understand funding for this program is first come, first served. For the life of the program, I agree to run and maintain the selected air filtration unit per the manufacturer specifications and to change out filters per the manufacturer guidelines. *

I agree to keep all home air filtration units awarded to me under the AB 617 Residential Air Filtration Program in my possession and to make them available for inspection if requested by South Coast AQMD throughout the project life (3 years). Additionally, I agree to keep replacement filters in my possession throughout their useful life. I understand the resale of these items is prohibited. *

I acknowledge that South Coast AQMD is not a distributor or retailer of portable air filtration units or replacement filters, and I must direct all warranty claims to the manufacturer. South Coast AQMD does not warrant or endorse this equipment or assume any liability for its operation or use. Also, in the event of a product recall, the manufacturer is solely responsible for notifying purchasers and repairing, servicing, or replacing any parts recalled. *

I authorize South Coast AQMD to share the information provided in this application with a vendor selected by South Coast AQMD to deliver a portable air filtration unit and a three-year supply of filters to my residence. *

I agree to provide feedback on the portable air filtration unit and replacement filters, such as performance and end-user experiences, at the request of South Coast AQMD. *

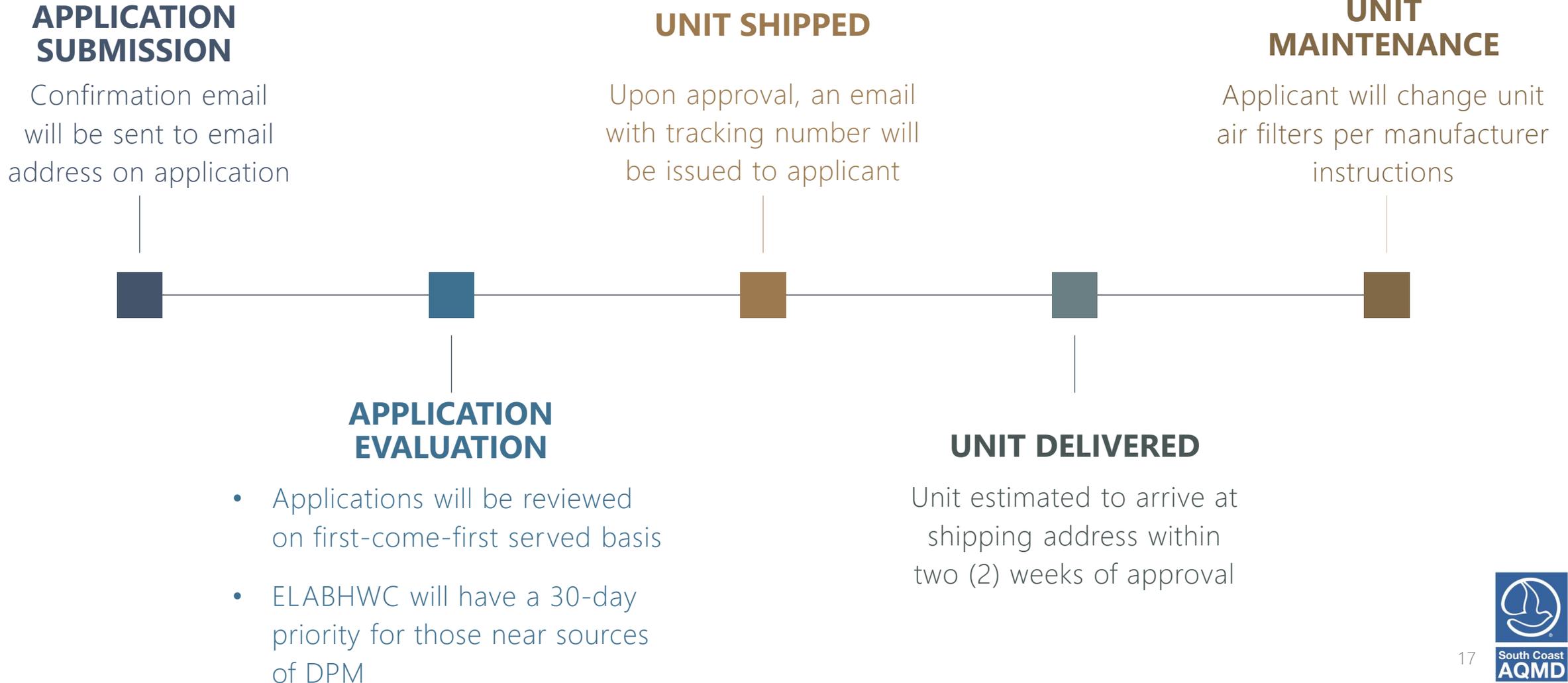
I certify the the information I am providing South Coast AQMD for the AB 617 Residential Air Filtration Program is true and correct to the best of my knowledge. *

Applicant Signature *

[Click to Sign Document](#)



APPLICATION SUBMISSION TIMELINE



MORE INFORMATION

617AirFiltration@aqmd.gov

www.aqmd.gov/RAF

