

# DEPARTMENT OF CANNABIS REGULATION (DCR) SOCIAL EQUITY PROGRAM APPLICANT ELIGIBILITY VERIFICATION APPLICATION CLINIC REGISTRATION WORKSHEET

The Social Equity Program (SEP) Applicant Eligibility Verification application will be used to determine eligibility for certain components of the SEP, such as priority application processing, property assistance and the Fee Deferral Program. Through the SEP, eligible applicants and businesses are authorized to participate in various licensing, technical assistance and business development programs.

A Tier 1 Social Equity Program Applicant shall meet the following criteria at time of applying for a License:

- Low Income and prior California Cannabis Arrest or Conviction; or,
- Low Income and a minimum of five years' cumulative residency in a Disproportionately Impacted Area.

A Tier 2 Social Equity Program Applicant shall meet the following criteria at time of applying for a License:

- Low Income and a minimum of five years' cumulative residency in a Disproportionately Impacted Area; or,
- A minimum of 10 years' cumulative residency in a Disproportionately Impacted Area.

---

**User Name:**

**E-mail:**

---

**First Name:**

**Middle Name:**

**Last Name:**

---

**Primary Phone Number:**

**Secondary Phone Number:**

---

**Mailing Address:**

---

# DEPARTMENT OF CANNABIS REGULATION (DCR) SOCIAL EQUITY PROGRAM APPLICANT ELIGIBILITY VERIFICATION APPLICATION CLINIC REGISTRATION WORKSHEET

The following questions pertain to, and must be answered by the Applicant.

Questionnaire for Social Equity Program Applicant Eligibility Verification:

1. Do you want to register for Social Equity Program Eligibility Verification?

Yes                  No

2. Are you applying to be verified as a Tier 1 or Tier 2 (or both) Social Equity Program Applicant as defined above (LAMC Section 104.20)?

Tier 1                  Tier 2                  Tier 1 and Tier 2

For the purposes of the SEP, a California Cannabis Arrest or Conviction is an arrest or conviction in California for any crime under the laws of the State of California or the United States relating to the sale, possession, use, manufacture, or cultivation of Cannabis that occurred prior to November 8, 2016. It includes arrests by federal authorities in California and convictions in federal court in California.

3. Did you have a California Cannabis Arrest or Conviction prior to November 8, 2016?

Yes                  No

4. Can you provide government records, such as court records as evidence of your California cannabis arrest or conviction?

Yes                  No

5. Can you provide other DCR-approved records or documents reflecting your California Cannabis Arrest or Conviction ([click here for a list](#))?

Yes                  No

# DEPARTMENT OF CANNABIS REGULATION (DCR) SOCIAL EQUITY PROGRAM APPLICANT ELIGIBILITY VERIFICATION APPLICATION CLINIC REGISTRATION WORKSHEET

For purposes of the SEP, to qualify as Low Income, an Applicant's gross or total income must have been \$45,644 or less in 2017 or 2018.

6. Do you qualify as a Low Income Applicant?

Yes                  No

7. Can you provide a Federal or State Income Tax Return for the Calendar Year 2017 or 2018?

Yes                  No

8. Can you provide proof of eligibility for General Assistance, Food Stamps, Medical/CALWORKs, Supplemental Security Income or Social Security Disability Income (SSI/SSDI), or other DCR-approved document ([click here for a list](#)) for calendar year 2017 or 2018?

Yes                  No

For the purposes of the Social Equity Program, an Applicants must provide evidence of cumulative residency for either a period of 5 years or 10 years in a Disproportionately Impacted Area (DIA). The City commissioned a Social Equity Program Analysis which determined that the following zip codes are to be considered Disproportionately Impacted Areas: (90001, 90002, 90003, 90008, 90011, 90013, 90014, 90016, 90021, 90027, 90033, 90037, 90043, 90044, 90057, 90058, 90059, 90061, 90062).

9. During any part of your life, have you resided in a Disproportionately Impacted Area (DIA) for a cumulative period of 5 years, 10 years, or more? (Residency does not have to be continuous, but when adding up all the time you resided in a DIA, it must add up to 5, 10 or more years)

Yes                  No

10. Can you provide proof of residency information or other DCR-approved document that evidences your residency for a cumulative period of 5 or more years?

Yes                  No

11. Can you provide proof of residency information or other DCR-approved document that evidences your residency for a cumulative period of 10 or more years?

Yes                  No

# DEPARTMENT OF CANNABIS REGULATION (DCR) SOCIAL EQUITY PROGRAM APPLICANT ELIGIBILITY VERIFICATION APPLICATION CLINIC REGISTRATION WORKSHEET

Disproportionately Impacted Area Residency Listing - As a Social Equity Program Applicant you must provide residency information for the time you lived in a Disproportionately Impacted Area. If necessary, you may provide residency information beyond ten years.

Full Address	Date Residency Started	Date Residency Ended	Number of Years of Residency	Number of Months of Residency

# DEPARTMENT OF CANNABIS REGULATION (DCR) SOCIAL EQUITY PROGRAM APPLICANT ELIGIBILITY VERIFICATION APPLICATION CLINIC REGISTRATION WORKSHEET

## Additional Space for Disproportionately Impacted Area Residency Listing

Full Address	Date Residency Started	Date Residency Ended	Number of Years of Residency	Number of Months of Residency