

# COMPUTERS FOR THE COMMUNITY

## Laptop Computer Program

**PURPOSE:** Our Computers for the Community program is designed to offer discounted computers to those affiliated with a CA non-profit or to those providing proof of low-income with CA residency.

- A) Please fill out section A to the right if you are affiliated with a CA non-profit. Some overlooked non-profits include public schools, churches and libraries. Affiliations include employees, clients, associates, friends, family members and students or parents.
- B) Please fill out section B to the right if you are providing Renew Computers with proof of low-income documentation such as CalFresh, CalWorks, Medi-cal or SSI/SSP. Documentation must be submitted with this application.

**SPECIFICATIONS:** Below is the typical configuration of a refurbished laptop. All systems come with a 90-day warranty.

**Specifications are subject to change.**

- Intel Core i-Series Processor (i3, i5 or i7)
- 14" Color LCD Screen
- 6 GB RAM
- 120 GB solid state drive
- Wireless Network Adapter
- AC Adapter included
- Battery (please note batteries are not covered under warranty)

**SOFTWARE:** The systems we build, as described above, are complete and ready to plug in and use. Each system comes with the following software applications:

- **Microsoft Windows 10** Operating System
- **Microsoft Office 2019** Home & Student (Word, Excel, PowerPoint, OneNote)
- Windows Defender Anti-Virus software
- VLC Media Player & Sumatra PDF Reader
- Edge, Firefox & Chrome internet browsers

**COST:** We offer a complete refurbished laptop for \$159 plus tax. If you need something above and beyond the listed specifications please check our showroom inventory.

**HOW TO APPLY:** Please complete this form and return via email or mail to the following address:

**Renew Computers**  
**446 DuBois Street**  
**San Rafael, Ca 94901**  
**phone: 415-457-8801**  
**email: jennifer@renewcomputers.com**

Community price for laptop computer **\$159.00**

9.25% sales tax **\$14.71**

**TOTAL \$173.71**

Payment to be made by:  Recipient  Agency

### Recipient Information (required)

Name of Recipient \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Section A (Non-Profit)

Name of Non-Profit Agency \_\_\_\_\_

Agency Contact Person \_\_\_\_\_

Agency Billing Address \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Ext. \_\_\_\_\_

Email \_\_\_\_\_

### Section B (Low-Income)

Please indicate attached low-income documentation:

CalFresh

CalWorks

Medi-cal

SSI/SSP

-----Please do not write below this line-----

1st Notification

2nd Notification

Final Notification

(Office Use) Date Received \_\_\_\_\_

Picked up by: \_\_\_\_\_

Date picked up: \_\_\_\_\_