



Fire Safe Council of Nevada County

Access and Functional Needs

P.O. Box 1112, Grass Valley, CA 95945

Phone: (530) 272-1122

www.areyoufiresafe.com

Fax: (530) 272-3232

The Fire Safe Council of Nevada County Special Needs Assistance Program is designed to help low-income seniors and/or disabled citizens create a defensible space surrounding their residence. These people do not have the physical or financial ability to create their own defensible space. Age or disability and income verification must be submitted to determine eligibility.

Name: _____ Phone: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please tell us about yourself:

How large is your property? _____

Your Age: _____ (Please attach verification of your age, such as copy of driver's license)

If you are not over 65, are you disabled? Yes _____ No _____ (If under 65, please include medical disability verification)

What are your concerns regarding wildfire: _____

How did you hear about us? _____

Have you used this service in the past? Yes _____ No _____ If yes, what year: _____

Please tell us what needs to be done:

Have you received a notice from your insurance company, or been cited by the fire department? No _____ Yes _____

If yes, please provide the date the work needs to be completed: _____ (We cannot guarantee we will be able to provide service by this date, based on available funding and/or volunteers)

- I have heavy brush growing around my home.
- I have many small trees surrounding my home that need thinning.
- I have tall grasses growing around my home which need mowing.
- I have a large accumulation of leaves/needles that need to be removed.
- Other needs: _____

I certify by signing below this information to be true and correct: I am over 65 years of age and/or disabled, under the above income limitations, and have no other financial means to hire a contractor to clear my defensible space. I understand that defensible space created by the FSCNC and their contractors does not guarantee that my home will not be lost in the event of a wildfire. Ongoing maintenance is not guaranteed. Most clients wait over a year for this service as it is provided on a first-come, first-served basis, with those never receiving service having priority. I agree to provide access to water, bathroom facilities, and use of any onsite tools to complete the necessary work in cooperation with the FSCNC crews. I am responsible for removing any trash or other materials that interfere with the vegetation management for defensible space surrounding my home up to 100 feet.

Signature

Date



Fire Safe Council of Nevada County

Access and Functional Needs

P.O. Box 1112, Grass Valley, CA 95945

Phone: (530) 272-1122

www.areyoufiresafe.com

Fax: (530) 272-3232

FAMILY INCOME SELF-VERIFICATION FORM

The Special Needs Assistance Program is funded by grants with assistance from volunteers. These grants specify income ceilings for participants, and further require that the participants be physically unable to clear their property, have no other person to assist in the clearance, and cannot afford to hire a contractor to do the work.

The 2017 HUD Annual Income Guidelines Are:

# of Persons	Monthly Income	Annual Income
1	\$2,229	\$26,750
2	\$2,545	\$30,550

Income Verification: (Please attach two consecutive monthly bank statements within the last 6 months, or annual tax return for verification. These are the only two forms of verification that will be accepted)

Monthly Income: _____ Yearly Income: _____

Source of Income: _____

Family Size: _____ Are any of these people over 18? _____

Do you own your own home? Yes _____ No _____ Estimated Value? _____

Do you own more than one home? Yes _____ No _____ Estimated Value? _____

Second home address: _____

Are you physically unable to clear defensible space yourself, and financially unable to hire a contractor to do the work? Yes _____ No _____

Income Certification:

I hereby certify that the above information is true and correct, and I understand that the information provided is subject to verification to qualify to receive service.

Signature

Date

Reviewed by: _____ **Date:** _____ **Qualified: Yes** **No**