



Fire Safe Council of Nevada County

Special Needs Assistance Program

P.O. Box 1477, Nevada City, CA 95959

Phone (530) 272-1122

www.firesafecouncilnevco.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.

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Please tell us about yourself:

How large is your property? _____

Your Age: _____ (please complete attached income verification form)

What are your concerns regarding wildfire? _____

Are you disabled? No ____ Yes ____ (if yes, please include disability verification)

How did you hear about us? _____

Please tell us about the work that needs to be done:

- I have heavy brush growing around my home, and need assistance clearing 30-100 feet of defensible space.
- 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 from up to 30 feet around my home.
- Other _____

I certify this information to be true and correct; I am over 65 years of age and/or disabled, under the low-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.

Signature

Date



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FAMILY INCOME SELF-VERIFICATION FORM

The Senior and Physically Disabled Assistance Program is funded by grants. 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 2006 HUD Annual Income Guidelines Are:

# of persons	Monthly Income	Annual Income
1	\$1,570.83	\$18,850.00
2	\$1,795.83	\$21,550.00

Income Verification:

Monthly Income: _____ Yearly Income: _____

Source of Income: (please attach bank statements, tax return and/or other verification)

Family Size: _____

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

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.

Signature _____

Date _____

Reviewed by _____ Date _____ Qualified Yes No