



# Fire Safe Council of Nevada County

## Access and Functional Needs

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

Phone: (530) 272-1122 info@areyoufiresafe.com [www.areyoufiresafe.com](http://www.areyoufiresafe.com) Fax: (530) 648-1122

The Fire Safe Council of Nevada County Access and Functional Needs program is designed to help low-income and/or physically 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. 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: \_\_\_\_\_

Do you have a physical disability? Yes \_\_\_\_ No \_\_\_\_ (If yes, 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: \_\_\_\_\_

By signing below, I certify this information to be true and correct: I am a low income and/or physically disabled resident of Nevada County and have no other financial means to hire a contractor to clear my defensible space. I understand that defensible space created by FSCNC and/or contractors does not guarantee that my home will be spared in the event of a wildfire. Ongoing maintenance is not part of this arrangement. 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 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 prior to work commencing.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# Fire Safe Council of Nevada County

## Access and Functional Needs

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

Phone: (530) 272-1122 info@areyoufiresafe.com [www.areyoufiresafe.com](http://www.areyoufiresafe.com) Fax: (530) 648-1122

### FAMILY INCOME SELF-VERIFICATION FORM

The Access and Functional Needs program is funded by grants. These grants specify income ceilings for participants and require that the participants be physically unable to clear their property, have no other person to assist in the clearance or cannot afford to hire a contractor to do the work.

# of Persons in residence	Monthly Income	Annual Income
-----		

#### Income Verification:

(FSCNC may ask for documentation to verify the information you provide here.)

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 or 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**

#### Office Use Only

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Qualified: Yes**  **No**