

California Wildfire Mitigation Program

Homeowner Application

Applicants to the California Wildfire Mitigation Program must be the legal property owner. If you are renting your home, please provide this application to your landlord to complete.

### Personal Information

##### Name:

|  |  |
| --- | --- |
|  |  |
| First | Last |

##### Address:

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| Address | | | (Apt.) |
|  |  | |  |
| City | State | Zip | Country (if outside the U.S.) |

##### Mailing Address:

(If different from above)

|  |  |  |  |
| --- | --- | --- | --- |
|  | | |  |
| Address | | | (Apt.) |
|  |  | |  |
| City | State | Zip | Country (if outside the U.S.) |

##### Phone:

|  |  |  |
| --- | --- | --- |
| ( ) | ( ) |  |
| Primary | Alternate | Email |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| How well does the applicant speak English? | | | | | | | |
|  | Beginner |  | Intermediate |  | Advanced |  | Fluent |
| What is your preferred language of communication? | | | | |  | | |

|  |  |  |
| --- | --- | --- |
| Please Mark Yes or No for the Following: | Yes: | No: |
| Are you the owner of the property? |  |  |
| Is this your primary residence? |  |  |
| Is this currently a rental property? |  |  |
| If yes, is the rental property occupied? |  |  |

### Residents occupying the property

Answer the below questions for the current occupants of the property, even if the residents are rental tenants.

|  |  |  |
| --- | --- | --- |
| Please Mark Yes or No for the Following: | Yes: | No: |
| Do the current residents own a car? |  |  |
| Is anyone in the household age 65 or older? |  |  |
| Is anyone in the household age 5 or younger? |  |  |
| Does anyone in the household speak a language other than English as their primary language? |  |  |
| Is anyone in the household a person with disabilities? |  |  |

Disability Definition:

A physical or mental impairment which substantially limits one or more major life activities, even if the individual does not receive SSI disability.

|  |  |  |  |
| --- | --- | --- | --- |
| Optional: Check the boxes below for each ethnicity of household members: | | | |
|  | American Indian or Alaskan Native |  | Asian or Pacific Islander |
|  | Black, Not of Hispanic Origin |  | Hispanic |
|  | Multi-Racial |  | White, Not of Hispanic Origin |
| Other : | | | |

### Household compensation of the property owner

Please complete the below table for all members of the applicant household (Do not complete for tenants if the property is a rental).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Head of Household?Place “Ö” for head of household | Household Member Name: | Relationship to Homeowner:(Self, spouse, child, parent, sibling, dependent, other): | Date of Birth: | Annual Income: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

##### Please provide the below for the applicant’s household:

(not for the tenant’s if the property is a rental)

|  |  |
| --- | --- |
| Total Number of Household Members: | Total Annual Household Income: |
|  |  |

Note:

For annual household income, use the total amount (s) from the most recent W-2 documents or tax filings. If household or individual income has changed substantially since the most recent tax documents, you may provide a more current household income amount.

#### INCLUDE the following for all household members (except Those under age 18):

##### The full amount of wages, salaries, overtime, tips and bonuses, before payroll deductions

* Do not include hostile fire military special pay
* Do not include earnings paid for a volunteer or employment training program
* Do not report more than $480 for each full-time student over the age of 18 years
* Do not include income of a live-in-aid
* Do not include student financial aid, scholarships, work study, or stipends
* Do not include Reparation, Indian, or tribal payments
* Do not include Victims of Crime compensation payments

##### The net income from operation of a business or profession

##### Amounts received from unemployment, worker's compensation, disability, social security, annuities, insurance policies, retirement funds, pensions, death benefits, and severance pay

* Do not include limited time payments received by a person with a disability, such as Plan to Attain Self-Sufficiency (PASS)
* Do not include deferred, lump sum, or projected amounts

##### Welfare payments

* Do not include amounts from programs for medical expenses, special equipment, clothing, transportation, childcare, property tax assistance, energy assistance etc.
* Do not include the amount received for food stamps

##### Amounts received for alimony and child support payments

* Do not include adoption assistance more than $480 per adopted child
* Do not report amounts received for the care of foster children

#### DO NOT INCLUDE INCOME THAT IS TEMPORARY, SPORADIC, OR NON-RECURRING (INCLUDING GIFTS AND INHERITENCES).Property information

|  |  |  |  |
| --- | --- | --- | --- |
| What type of housing structure is the property? | | | |
|  | Single Family Home – Single Story |  | Multi-Family Home – Single Story |
|  | Single Family Home – Multi-Story |  | Multi-Family Home – Multi-Story |
|  | Manufactured/Mobile Home | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | |  | |
| Street Address | | (Apt.) | |
|  |  |  |  |
| City | State | Zip | County |

|  |  |  |
| --- | --- | --- |
| Year of Construction: | Total Living Area in sq. ft: (all floors) | Number of stories in the structure: |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Please Mark Yes or No for the Following: | Yes: | No: |
| Do you have the authority to make update to the home (substantial or not)? |  |  |
| Is the property accessible by a standard passenger vehicle? |  |  |
| Is the house registered in the National Register of Historic Places? |  |  |
| Are there any other names on the deed for the property? |  |  |
| If yes, please provide their first and last name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Is the property in the process of foreclosure? |  |  |
| Please Mark Yes or No for the Following: | Yes: | No: |
| Are there any liens on the property? |  |  |
| Are you current with property taxes or in good standing with a payment plan? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Please Mark Yes or No if any portions of the housing structure are damaged. | | | |
| Housing Feature | Yes: | No: | If Yes, please describe the damage: |
| Deck | Y |  |  |
| Doors |  |  |  |
| Garage |  |  |  |
| Roof |  |  |  |
| Siding |  |  |  |
| Vents |  |  |  |
| Walls |  |  |  |
| Windows |  |  |  |

Note:

A home in need of repairs is not necessarily ineligible for assistance, but the response to this question provides insights into what measures may be needed and/or can be taken, as well as what type of contractor may be required.

### Previous wildfire mitigation assistance

|  |  |  |
| --- | --- | --- |
| Please Mark Yes or No for the Following: | Yes: | No: |
| Have you taken any measures to reduce the risk of wildfire damage to the property? |  |  |
| If yes, please describe what steps have been taken and approximately when: | | |
| Have you received assistance from any program to reduce your home’s risk to wildfire PRIOR to this application? |  |  |
| If yes, list the approximate dates you received funding, as well as the name of the program: | | |

Note:

Previous assistance may not affect eligibility for assistance through this program.

### Homeowner applicant documentation

The documentation requested below is required to verify the identity of the applicant and to confirm that the applicant is the individual with the legal authority to authorize work to be performed on the home.

|  |
| --- |
| 1. Proof of Property Owner Identification is REQUIRED for the applicant. Please provide **ONE** of the following: |
| Driver’s License  Government Issued ID or Passport |
| 2. Proof of Property Ownership is REQUIRED for the applicant. Please provide **ONE** of the following: |
| Deed in applicant’s name  Fee simple title |
| 3. Proof of Rental is REQUIRED ONLY if the property is currently occupied as a rental property. Please provide the following document: |
| Lease (Additional Documentation may be required upon file review for occupied rental) |

### Applicant’s Certification

I understand the California Wildfire Mitigation Program is a voluntary program and the information provided as part of this application is being collected to determine eligibility to receive assistance. I understand that submission or receipt of my application does not guarantee assistance or award of funding. I understand that information about my application, including property and income information may be shared with partner agencies, contractors, and/or vendors as necessary to determine eligibility and to develop a scope of work. I hereby authorize the sharing of any information collected and contained as part of the application with contractors, as necessary, to determine eligibility, complete a home assessment and scope of work, and to obtain quotes. I understand that if I am determined to be eligible for this program and assistance is approved, I must allow program staff and contractors onto my property to conduct an assessment, provide cost quotes, and to complete the agreed upon scope of work. I will request that the officer, official, or employee present credentials including photo identification, and state the reason for the site visit to approve access to my property. I acknowledge that:

1. A photocopy of this form is as valid as the original; AND
2. I have the right to review information received using this form; AND
3. I have the right to a copy of information provided to the entity and to request correction of any information I believe to be inaccurate; AND
4. I understand that my documents may become electronically permanent.
5. If determined to be eligible for assistance through this program, the amount of assistance for which my household is approved may be taxable.

*Disclaimer:* Every effort has been made to ensure the information contained on this form is accurate and in compliance with the most up to date state and federal rules and regulations, as applicable. The California Wildfire Mitigation Program assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised rules and regulations.

|  |
| --- |
| By signing below, I acknowledge I HAVE READ AND AGREE to the certification, acknowledgements, consent, and disclaimers above. |
| Signature: |