

California Wildfire Mitigation Program

Homeowner Application



Cal OES
GOVERNOR'S OFFICE
OF EMERGENCY SERVICES



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

Homeowner Name:

First	Middle	Last
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Property Address:

Street Address				(Unit)
	CA			
City	State	Zip	California County	

Mailing Address:

(If different from above)

Street Address				(Unit)
City	State	Zip	Country (if outside the U.S.)	

Phone:

()	()	
Primary	Alternate	Email

Is Applicant English Fluent?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Preferred language of communication?	<input type="checkbox"/> English <input type="checkbox"/> Other:

Please Mark Yes or No for the Following:	Yes:	No:
Are you the owner of the property?	<input type="checkbox"/>	<input type="checkbox"/>
Is this your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>
Is this currently a rental property?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, is the rental property occupied?	<input type="checkbox"/>	<input type="checkbox"/>

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:	Prefer Not to say:
Do the current residents own a car?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in the household age 65 or older?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in the household age 5 or younger?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household speak a language other than English as their primary language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is anyone in the household a person with disabilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Asian or Pacific Islander
<input type="checkbox"/>	Black, Not of Hispanic Origin	<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Multi-Racial	<input type="checkbox"/>	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?	Household Member Name:	Relationship to Homeowner:	Date of Birth:	Annual Income:
Place "√" for head of household		(Self, spouse, child, parent, sibling, dependent, other):		

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 the purpose of this program, you will need to calculate your Gross Annual Income (before deductions, adjustments, etc.)

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).

Note:

If there are multiple homeowners and **none reside in the home**, the household income above reflects the combined income of all owners' households and the total number of members in each household.

PROPERTY INFORMATION

What type of housing structure is the property?

- | | |
|---|--|
| <input type="checkbox"/> Single Family Home | <input type="checkbox"/> Multi-Family Home |
| <input type="checkbox"/> Manufactured/Mobile Home | |

Year of Construction:	Total Living Area in square feet (all floors)	Number of stories:

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

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	<input type="checkbox"/>	<input type="checkbox"/>	
Doors	<input type="checkbox"/>	<input type="checkbox"/>	
Garage	<input type="checkbox"/>	<input type="checkbox"/>	
Roof	<input type="checkbox"/>	<input type="checkbox"/>	
Siding	<input type="checkbox"/>	<input type="checkbox"/>	
Vents	<input type="checkbox"/>	<input type="checkbox"/>	

Walls	<input type="checkbox"/>	<input type="checkbox"/>	
Windows	<input type="checkbox"/>	<input type="checkbox"/>	

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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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:

- State issued Driver's License or
- State or Federal Government Issued photo ID or Passport

2. Proof of Property Ownership is REQUIRED for the applicant.

Please provide **ONE** of the following:

- Deed
- Title
- Property Tax Bill
- Mortgage Statement

3. Proof of Rental is REQUIRED ONLY if the property is currently occupied as a rental property.

Please provide the following document:

- Signed Lease Agreement

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.
6. Based on my annual household income, I may be required to pay up to 25% of the total project cost.
7. I understand that I may be required to provide documents as proof of my annual household income. If requested and not provided, I understand that I may be required to pay up to 25% of the total project cost.

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, under the penalty of perjury, I HAVE READ AND AGREE to the certification, acknowledgments, consent, and disclaimers above.

Signature: