



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

PROPERTY AND APPLICANT INFORMATION

1. Homeowner Name:

First	Middle	Last
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2. Property Address:

Street Address	Unit
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CA

City	State	Zip	California County
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3. Mailing Address:

(leave blank if the same as property address)

Street Address	Unit
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City	State	Zip	Country
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4. Contact:

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Primary Phone	Alternate Phone	Email
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Mark (X) for each the following:		Yes:	No:
5. Is Applicant English fluent?			
6. Is English Applicant preferred language of communication?			
6a. If no, what is your preferred language?			
7. Is this your primary residence?			
8. Is this currently a rental property?			
8a. If yes, is the rental property occupied?			
9. Is the property accessible by a standard passenger vehicle?			
10. Are there any other names on the deed for the property?			
10a. If yes, please provide name(s):			
11. Mark (X) if any of the following housing elements are currently damaged			
Housing Element	Damaged?	Describe the damage	
Deck			
Doors			
Garage			
Roof			
Siding			
Vents			
Walls			
Windows			



Mark (X) for each of the following:	Yes:	No:
<p>12. Have you taken any measures to reduce the risk of wildfire damage to the property?</p> <p>12a. If <u>yes</u>, please describe what steps have been taken and approximately when (attach additional sheets of paper as needed):</p>		
<p>13. Did you receive any assistance from any program to take those measures?</p> <p>13a. If <u>yes</u>, what program(s) and approximately when (attach additional sheets of paper as needed):</p>		



DEMOGRAPHIC QUESTIONS

Answer questions 14-18 regarding the current occupants of the property, even if the occupants are tenants.

Please Mark (X) one for the following:	Yes:	No:	Prefer Not to say:
14. Do the current residents own a car?			
15. Is anyone in the household age 65 or older?			
16. Is anyone in the household age 5 or younger?			
17. Does anyone in the household speak a language other than English as their primary language?			
18. Is anyone in the household a person with disabilities?			

Answer questions 19-20 regarding the household(s) of the homeowner(s)

19. Number of Household Members:	_____
<p><i>Number of Household Members: All persons who reside in a dwelling as their primary residence, regardless of relationship, excluding those who live in the dwelling solely for employment purposes.</i></p>	
20. Total Annual Household Income:	\$_____
<p><i>Total Annual Household Income: All income from whatever source derived, unless specifically excluded by law, for all household members aged 18 or older.</i></p>	



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. Please be prepared to provide photocopies or digital copies of the following documents as needed.

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

Proof of Property Ownership is REQUIRED for the applicant.

Please provide **ONE** of the following:

- Deed
- Title
- Property Tax Bill
- Mortgage Statement

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



Code of Conduct and Right to Terminate Service and Program Benefits:

By participating in this program, applicants agree to treat all program staff, program partners, contractors, and any involved parties with respect, and courtesy at all times. Harassment, intimidation, and inappropriate behavior will not be tolerated.

We reserve the right to refuse or terminate services or participation in this program at our discretion and without prior notice, for any reason including, but not limited to:

- Verbal or physical harassment
- Persistent or excessive contact
- Threatening or abusive language or actions
- Any other conduct deemed disruptive or inappropriate

The program's goal is to maintain a safe, respectful, and collaborative environment. Failure to adhere to these guidelines may result in immediate termination of participation in the program without recourse for reinstatement and the pursuit of all available legal remedies.

By signing below, I acknowledge, under the penalty of perjury, I HAVE READ AND AGREE to the applicant's certification, code of conduct and right to terminate service and program benefits, acknowledgments, consent, and disclaimers above.

Print Name:

Signature:

Date:

For more information Please Visit



www.caloes.ca.gov/cwmp