



DEFENSIBLE SPACE ASSISTANCE PROGRAM APPLICATION

Name: _____ Date: _____

Physical Address: _____

This is my primary residence (circle one): **Yes** or **No**

I am owner of this property (circle one): **Yes** or **No**

If you are not the owner, please provide the owners name: _____

*This form must be signed **by the owner** before work can be performed.*

Assessor's Parcel #: _____ Total Acres of property: _____

Phone: _____ E-mail: _____

My preferred method of contact is (circle one): **phone** or **email**



This is a one-time assistance program to create defensible space and provide wildfire education. The program is not for removal of trash or trees over 10 inches in diameter.

What is "Defensible Space"?

Defensible space refers to a buffer you create between a building on your property and the grass, trees, shrubs, or any wildland area that surround it. This space helps slow the spread of wildfire and increases the safety of firefighters defending your home. Under CA state law (CA PRC Code 4291) you are required to have a hundred foot zone of defensible space around your home.

Please circle how much of the following is around your home:

- | | | | |
|---|-------------|------|------------|
| Heavy brush around my home | very little | some | very thick |
| Many small trees around my home | very little | some | very thick |
| Tall grasses around my home | very little | some | very thick |
| Leaves/needles around my home | very little | some | very thick |
| Dead or Dying trees around my home | very little | some | very thick |
| Boxes, firewood, or other flammables | very little | some | very thick |
| Largest Concerns _____ | | | |



*Camptonville Community Partnership
PO Box 218, Camptonville Ca, 95922
Call: 530-288-9355 Fax: 530-288-1908*

Program Criteria:

Completing this application does not guarantee that you will be assisted; applicants will be prioritized with the following criteria:

- **Owner** meets ONE or more of the qualifications: elderly OR disabled OR low income.
- The property is the **primary residence** of the owner or a renter.
- Property must currently **not** meet State standards requiring a MINIMUM of 30-foot clearance of all flammable materials and fuel reduction from 30-100 feet (or to the property line).
- **Home must be within 1000 ft of a PG&E power line.**

Program Qualification: Please indicate which of the following three qualifications apply:

1. Physically Disabled Yes or No

Please specify: _____

2. Senior Yes or No (age 65 or older.)

Age: _____

3. Low Income Yes or No

Number of People in Household: _____

Monthly Income: _____

Yearly Income: _____

Physically Disabled Qualifications:

1. While the degree of disability varies, individuals with physical disabilities may have difficulty grasping, moving, and may be especially prone to fatigue while trying to perform an activity.
2. A severe physical defect such as an infection of the joints or bones, disturbance of the neuromuscular mechanisms, congenital deformities, cardiac conditions, or spastic and other acquired deformities.

Low Income Qualifications:

An annual household income below the U.S. Dept. of Housing and Urban Development income limits for 2017:

- 1 person: \$21,000
- 2 person: \$24,000
- 3 person: \$27,000
- 4 person: \$29,950

By signing below, I certify that the information on this form is correct and true. I understand that defensible space created by the YWP&FSC and their contractor does not guarantee that my home will pass a CalFire inspection or that my home will not be lost in the occurrence of a wildfire. **I give permission to the YWP&FSC contractor to conduct defensible space work on my property and to CCP to conduct a final inspection.**

Signature of Owner: _____ Date: _____

For assistance, call: 530-288-9355

RETURN TO: Camptonville Community Partnership

By Mail: PO Box 218, Camptonville Ca, 95922

By Fax: 530-288-1908 By Email: jocelyn@theccp.org

