



2020

LOW INCOME DEFENSIBLE SPACE ASSISTANCE PROGRAM APPLICATION

Name: _____ Date: _____

Physical Address: _____

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

I am owner of this property (check 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: _____ Mailing address _____:

My preferred method of contact is (check one): phone or mail

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 mark how much of the following is around your home:

Table with 4 columns: Item, very little, some, very thick. Rows include Heavy brush, Many small trees, Tall grasses, Leaves/needles, Dead or Dying trees, Boxes, firewood, or other flammables.

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: senior low-income OR disabled low income 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 (age 65 +) low income **Yes or No**

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 at or below 250% of the U.S. Poverty Guidelines for 2020:

- 1 person: \$31,900
- 2 person: \$43,100
- 3 person: \$54,300
- 4 person: \$65,500
- 5 person: \$76,700

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: cara@theccp.org

