

HAZARD ABATEMENT GRANT APPLICATION

Please answer every question, or your application will be returned to you.

1) Applicant: _____ Spouse: _____

2) Property Address: _____
 Home phone: _____
 Cell phone: _____

City _____ State _____ Zip Code _____
 Mailing Address: _____
 City _____ State _____ Zip Code _____
 Email _____

3) Are you an owner **and** occupant of this property? Yes No Property is vacant lot
 I own the property Property is used as a rental
 but don't live in it
 How long have you owned/occupied this property
 Less than 1 year 1 to 5 years Over 5 years
 Do you own any other properties? Yes No
 Other property address(es) _____

4) Total number of persons in household # of adults _____ # children (under 18) _____
 Is the applicant or spouse over 65 years old? Yes No
 Net Monthly Family Income: _____

6) Name of person employed _____ Place of employment _____ Take Home Pay _____ Verified by: _____
 Income from other sources:
 Recipient _____ Source _____ Amount _____ Verified by: _____
TOTAL NET MONTHLY INCOME \$ _____

7) Monthly Family Expenses:

Monthly Payment	Balance
Mortgage Payment	
Second Mortgage	
Other Loans	

TOTAL NET MONTHLY INCOME \$ _____
TOTAL MONTHLY EXPENDITURES \$ _____
TOTAL MONTHLY SURPLUS/DEFICIT \$ _____

8) Have you received a notice for fire hazard abatement from the San Bernardino County? Yes No
 9) Number of trees to be removed?
 10) Referred by: _____

To the best of my knowledge, the above information is correct and accurate

Applicant's Signature _____
 Spouses Signature _____
 Date _____