

Modoc Fire Safe Council
501 (c) Not for Profit Organization
221 W. 8th Street
Alturas, CA 96101
(530) 233-5516

Landowner Assistance Program
Request Form

Name: _____
Address/Location of Property: _____
City: _____ Zip: _____
Assessor's Parcel Number: _____
Mailing Address: _____
Phone Number: _____

Are there any special precautions to take on the property?

I, _____, the undersigned, am the rightful owner of the property stated above. I am a senior citizen _____ disabled _____ low income _____ resident of Modoc County living in a rural area. I am physically unable to perform the activities necessary to create a 100 ft. defensible space around my home. If you have checked the low income eligibility line, please fill out the Low Income Eligibility form attached.

I understand that the goal of Modoc Fire Safe Council (hereinafter referred to as MFSC), together with its contractors and staff, in this program is to assist the homeowner in creating a 100 ft. (or to the property line) defensible space around their home to decrease damage to property or other structures in case of wildfire. I understand that this program does not guarantee that my home or other structures on my property will not be damaged or destroyed in the event of a wildfire.

By signing below, I also agree to the following terms and conditions:

- 1) I agree to admit the MFSC's private contractor and staff onto my property.
- 2) I agree that I, together with members of my family and friends may not assist and must stay a safe distance from the treatment area, until notified by the contractor (or MFSC staff) that it is safe to do so.
- 3) I understand that the MFSC contractor has final authority in determining where slash piles should be placed around the property for safety purposes, in preparation for the chipping program.
- 4) I understand that it may take an extended period of time before chipping of the slash piles can be done. In the event of extreme weather, I understand that the Contractor may re-schedule our service.
- 5) I understand that the MFSC is not obligated to perform this service and the MFSC is not liable for its failure to perform this service.

Signature _____ Date _____

Modoc Fire Safe Council
 Residential Landowner Assistance Income Guidelines for Cost Waiver

Please circle which household size and monthly income amount reflects your situation

Household Size		Not to Exceed Monthly Income
1	<input type="checkbox"/>	\$0 – \$1,264.58
2	<input type="checkbox"/>	\$0- \$1,714.58
3	<input type="checkbox"/>	\$0 - \$2,164.58
4	<input type="checkbox"/>	\$0 - \$2,614.58
5	<input type="checkbox"/>	\$0 - \$3,064.58
6	<input type="checkbox"/>	\$0 - \$3,514.58
7	<input type="checkbox"/>	\$0 - \$3,964.58

*This income block was built from the 2019 HEAP and FAST TRACK Base Benefit Amount Household’s Monthly Income Guidelines & Poverty Group II

I certify that I do qualify for this program based on my house hold size and monthly income:

Print Name

Signature

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