

Applicant Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

Annual Household Income: \_\_\_\_\_

Name of Impaired: \_\_\_\_\_

Number of Hearing impaired in household: \_\_\_\_\_

Number of household members: \_\_\_\_\_

I acknowledge that I am deaf or hard of hearing and that I have applied for a visual smoke alarm(s) from the Foundation for Safer Housing, Inc. I also acknowledge that the income limitations have been read and that I fall into the currently posted restrictions and guidelines. I understand that the alarm(s) is/are donated to me by the Foundation for Safer Housing, Inc. And that the alarm(s) are not endorsed in any way by the Foundation for Safer Housing, Inc. Or any of its officers. I do hereby agree to hold harmless the Foundation for Safer Housing, Inc. from any situations or occurrence arising from use or malfunction of the alarm(s). I agree to read and follow al manufacturer instructions enclosed with my alarm(s).

I agree to the above statement

Signed by: \_\_\_\_\_

Date: \_\_\_\_\_