

**ANN ARBOR FIRE & Fireman's Fund Insurance Company
Financial Assistive Smoke Detector Program**

Purpose

The purpose of this program is to provide Smoke Detectors free of charge to resident homeowners within the city of Ann Arbor who demonstrate financial need. The smoke detectors will be allocated to those who are on public assistance, whose income is below the Federal Poverty Guidelines for their family size and who have limited income.

Applicant must reside in and maintain the address on application for the assistive equipment to be installed. Location being applied for should be a single-family dwelling.

General Instructions

- 1) Read all instructions before filling out forms.
- 2) Print or type all information requested using black or dark blue ink.
- 3) If you have any questions about filling out these forms, please call the AAFD Fire Prevention Bureau at (734) 994-4976.
- 4) **All Forms must be completely filled out to be considered for this program.**

Send completed form to:

**ANN ARBOR FIRE DEPARTMENT
Visual Smoke Detector Program
111 North Fifth Ave.
Ann Arbor, MI 48104**

**ANN ARBOR FIRE & Fireman’s Fund Insurance Company
Financial Assistive Smoke Detector Program**

Application Form

Last Name	First Name	M I	DOB	Square Footage of House
Street Address	City Ann Arbor	State Michigan	Zip Code	Number of Bedrooms
Telephone Number <i>Home</i> <i>Cell</i>	E-mail		Number of Detectors wanted	Number of floors

1. Do you presently own a telephone? Yes No
If yes, please circle where it is best to contact you: HOME or CELL

Please check all boxes that apply to you:

3. A. Receive Aid to Families with Dependent Children (ADC).
 B. Receive General Assistance (GA).
 C. Receive Food Stamps.
 D. Receive Medicaid (MA).
 E. Receive Social Supplemental Income (SSI).
 F. My family income is below Federal Poverty Guidelines for my family size, as shown in the table below.

Federal Poverty Level Guideline Table – Family Size								
# in Family	1	2	3	4	5	6	7	8
2004	\$9,310	12,490	15,670	18,850	22,030	25,210	28,390	31,570
2005	9,570	12,830	16,090	19,350	22,610	25,870	29,130	32,390
<i>For each additional person add \$3,260</i>								

I am requesting the following: **Smoke Detector** through the assistance of the **Ann Arbor Fire Department** and **Fireman’s Fund Insurance Company**. I certify that I have a limited means of income. I certify that the information provided on this form to be true and accurate.

Signature: _____ Date: _____