

Warren City Firefighters

SALSA (Save A Life Smoke Alarm) Initiative Application

Please note: to reach you to schedule an installation we need a working phone number.

This program does not serve LANDLORDS or COMMERCIAL PROPERTIES

This application can be returned to the location that you received it or can be returned via mail to the address below:

Warren Fire Department, Attn: SALSA Program 111 South St. SW Warren, Ohio 44483

For more information on The S.A.L.S.A. program call: 330.841.1363

| PLEASE PRINT | |
|---|-----------------------------------|
| Name: | _ Phone # : |
| Address: | |
| City: ZIP: | |
| 1. Do you own or rent your home? ☐ Own ☐ Rent | |
| 2. What type of home? ☐ House ☐ Apartment ☐ Dupl | lex Other (specify) |
| 3. Landlord name? | _ Phone # : |
| 4. How many floors/stories are in your home?(including a | attic & basement) 🗆 1 🗆 2 🗆 3 🗆 4 |
| 5. Number of working smoke detectors currently in your | home? |
| 6. How many of your smoke detectors are <u>over</u> ten years | old? |
| 7. How many people who live in your home are under 5 y | years old? |
| Over 64 years old? | |
| 8. Approximate household income? \square Monthly \square Yearly | ?\$ |
| 9. What organization provided you this application? | |
| the installation, use, malfunction, or removal of the smoke alarm. Fur volunteers, and hold them harmless and release them from all claims, | |
| Signed | Date |

NOTE: You are not required to fill out this application. Filling out this application is completely voluntary. Filling out this application in no way guarantee's that you will receive a free smoke alarm. This program is intended for Warren residents only. Due to limited resources, the program will prioritize candidates based on income level, and fire fatality statistics. The program will utilize the current years US Department of Health and Human Services (HHS) poverty guidelines to determine financial need.