



Office of the Sheriff
County of Burlington
ANTHONY BASANTIS, SHERIFF



SENIOR CITIZEN HOME SECURITY PROGRAM
ASSISTANCE APPLICATION

DATE: ___/___/___

PLEASE PRINT IN INK

NAME: FIRST MIDDLE LAST DATE OF BIRTH ___/___/___

ADDRESS: NUMBER STREET CITY/TOWN DEVELOPMENT ZIPCODE

HOME PHONE () E-MAIL ADDRESS () ADDITIONAL CONTACT NO.

DO YOU OWN YOUR PROPERTY? () YES () NO
IF NO YOU MUST ATTACH LETTER OF APPROVAL FROM PROPERTY OWNER
DO YOU CURRENTLY HAVE DEADBOLT LOCKS ON YOUR DOORS?
() YES () NO () UNSURE

TRUTH OF DWELLING OCCUPANCY STATEMENT

In addition to applicant the following number of occupants reside at the above home or apartment on a full time basis.

Applicant = 1 + Other occupants = ___ Total = ___

THE FOLLOWING INFORMATION IS USED FOR STATISTICS ONLY.
INFORMATION DOES NOT DETERMINE QUALIFICATION FOR THIS PROGRAM
TOTAL GROSS FAMILY INCOME ON LAST TAX RETURN...\$
The Gross Family Income must be shown to participate in this program.
All applicants will receive equal consideration on a first return, first served basis regardless of race, religion, creed, color, national origin, martial status, disability, sex, affectional or sexual orientation.

CERTIFICATION

I hereby certify that all the above information is true, complete and made in good faith. I am aware that any misrepresentation or false statements will result in ineligibility of my assistance application and the immediate reimbursement of any amount of financial aid received from this program.

APPLICANT'S SIGNATURE

DATE ___/___/___

NOTES (i.e. need smoke detectors, etc.):

Return completed application to: Senior Services Unit (609) 265-5796
Burlington County Sheriff's Department
P.O. Box 6000
49 Rancocas Road
Mount Holly, NJ 08060-6000

CODE
OFFICE USE ONLY