

“FREE”

HOME SECURITY PROGRAM



**Program Includes:
“FREE”**

Dead Bolt Locks

Unbreakable Glass

Bars for Basement Windows

Window Pinning – Ground Level Windows

Door Viewers

Program does not include garages.

To qualify for this program, you must be a West Allis resident and your current gross annual income cannot exceed the limits listed on this chart.

Household Size	1	2	3	4	5	6	7	8
Current Gross Annual Income	\$39,350	\$44,950	\$50,550	\$56,150	\$60,650	\$65,150	\$69,650	\$74,150

All applicants must provide income verification.

A photocopy of your most recently filed Federal Income Tax Return or Homestead Credit Claim Form will be required to process your application.

Application Forms are available at:

**West Allis City Hall – Housing Division
7525 West Greenfield Avenue
West Allis, WI 53214**

Telephone: 414-302-8430
www.westalliswi.gov

**ALL COMPLETED FORMS SHOULD BE
RETURNED TO THE HOUSING DIVISION**

Application on reverse side of this flyer.

Rental units are included in this program. Work can only be done with the written consent of the property owner.



Equal Housing Opportunity

**Upon application approval, this program is available to you “FREE” of charge.
There are no fees for labor or materials.**

City of West Allis Housing Division

Home Security Program Application

Please check appropriate box:

Renter

Property Owner

Note: Renters must provide statement from landlord giving the Housing Division permission to install the security measures.

Please Print

Applicant's Name: _____
Last Name
First Name
Middle Initial

Address: _____ West Allis, WI Zip: _____

Telephone Number: _____ Alternate Telephone Number: _____

West Allis is able to offer this service/program through a grant from the federal government. One requirement of this grant is that the City keep track of all the individuals this program assists by family size and income level. To help with this requirement, we ask for your assistance. Please complete the information required below so that we may track the individuals we are assisting through this program. Please be aware the information is completely confidential and will not be released but is for record keeping and required federal reporting purposes only. Thank you for your cooperation.

ETHNICITY: Hispanic Non-Hispanic

RACE: (Please mark one)

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaskan Native and White |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> Black/African American and White |
| <input type="checkbox"/> American Indian/Alaskan and Black/African | <input type="checkbox"/> Asian Pacific Islander |
| <input type="checkbox"/> Other Multi-Racial | |

Household Composition: **List all persons** who live in dwelling.

Family Members	Name	Relationship to Head of Household	Age	Sex	Social Security Number	Date of Birth MM/DD/YY
Last	First	M.I.				
1		Self – Head of Household				
2						
3						
4						
5						
6						

Gross Annual Income: \$ _____

All applicants must provide income verification. (Most recently filed Federal Income Tax Return or Homestead Credit Claim) Do not mail original documents. Photocopies will be accepted.

Return This Application to: West Allis City Hall – Housing Division, 7525 W. Greenfield Avenue, West Allis, WI 53214

"I certify that I have listed all income information for household members over 18 years of age and that all other information contained therein is correct and complete. I understand that the Housing Division will use the information on this application to determine eligibility for this program. The Housing Division is authorized to contact any source of income listed on this application to verify eligibility.

Applicant's Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Rental Unit Consent Form – This section applies to renters only and should be filled out by the landlord.

As owner of the rental property listed above, I hereby give the City of West Allis Police Department permission to install all security measures associated with the "Free" Home Security Program.

Property Owner: _____ Telephone Number : ____ - ____ - ____
Last Name
First Name
MI

Address: _____ City _____ State _____ Zip _____

Signature _____ Date _____