



# EASTON

## FIRE DEPARTMENT

11 N North 6<sup>th</sup> Street  
Easton, PA 18042  
Phone: 610-250-6676  
Fax: 610-250-7159

### Application for Residential Lock-Box Program

#### Applicant Personal Information

Applicant Name: \_\_\_\_\_  
Last First M.I.

Home Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Alternate Phone: ( ) \_\_\_\_\_

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

Birth Year: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Are You Disabled?  - Yes  - NO

Spouse's Name: \_\_\_\_\_  
Last First M.I.

Spouse's Birth Year: \_\_\_\_\_ Age: \_\_\_\_\_ Phone (If Different): ( ) \_\_\_\_\_

#### Household Information

Number of People in Household: \_\_\_\_\_ Do You:  - RENT  - OWN  - Other \_\_\_\_\_

Annual Household Income:  - \$0 to \$21,000  - \$20,001 to \$29,000  - \$29,001 to \$36,000  - \$36,001 to \$44,000  - More than \$44,000

Income Sources: (Check All that Apply)  - SSI  - SSD  - Public Assistance  - Employment  - Other

Additional Information: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Signature

**X** \_\_\_\_\_  
Signature of Applicant Date

#### DO NOT WRITE BELOW THIS LINE – OFFICIAL USE ONLY

Date Received	_____	Receiving Member	_____
		<small>Print Name</small>	<small>Signature</small>
Review Date:	_____	Reviewed By:	_____
		<small>Signature</small>	<small>Title:</small> _____
Status:	<input type="checkbox"/> - APPROVED	<input type="checkbox"/> - Waiting List	<input type="checkbox"/> - DENIED
Knox Box S/N:	_____	Date Installed	_____