



**The Erie County Sheriff's Office & its Advisory Council
for the Triad Seniors and Law Enforcement Together (SALT)**

Emergency Flashing Light Application

Name: _____

Address: _____

Phone: _____

Date of Birth: _____ Do you live alone: Yes ___ No ___

How many times have emergency services been called to your home in the past month: _____
In the past 6 months: _____

Do you have a PACE: _____ or PACENET: _____

By completing this application requesting an Emergency Flashing Light from the Erie County Sheriff's Office and its Advisory Council for the Triad Seniors and Law Enforcement Together (SALT), it is acknowledged and agreed upon by the signed applicants that the Council and/or the Erie County Sheriff's Office is acting only as a conduit to facilitate the distribution of such instrument; and that SALT offers no guarantees or warranty as to the operation of, or as to the fitness for the purpose intended, of the flashing light furnished.

Further, SALT is not responsible for any malfunction or failure to function of such flashing light and shall not be responsible for the replacement of or repair of any damage, broken or non-functioning flashing lights distributed in response to this application, or for any portion thereof.

In the event that the flashing unit you receive needs to be replaced, it shall be necessary for you to reapply for the Emergency Flashing Light. Such replacement will be disbursed if and when a new unit is available.

INCOME ELIGIBILITY:

Social Security: _____

Total pension distribution: _____

SSI benefits: _____

Veteran's benefits: _____

IRA / CD interest income: _____

Total Income Reported: _____ \$

Signature: _____ Date: _____

Cost of Flashing Lights is based upon income eligibility:

- No Cost:** Total income of \$14,500 or less annually
- \$7.00:** Total income of between \$14,500 - \$17,000 annually
- \$12.00** or full cost: Total income of greater than \$17,000 annually