

**Carolina Family Health Centers, Inc.  
Housing Program HOPWA-TBRA  
Smoke Detector/CO Verification Form**

Date: \_\_\_\_\_ Client: \_\_\_\_\_

Please check the correct response:

- ☐ Smoke Detector
- ☐ Carbon Monoxide Detector, if applicable

Address of the property for which assistance is being received:

Street \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Housing Coordinator/Case Manager Date