



CITY OF CLEVELAND

Mayor Frank G. Jackson



2009- 2010 Cleveland Tree Assistance Program for Seniors (CTAPS)

The Cleveland Department of Aging in partnership with the Department of Parks, Recreation and Properties and the Department of Community Development has a new short term program to help seniors with limited incomes with hazardous tree and branch removal on their personal property.

TO QUALIFY, APPLICANTS:

- Must circle the size of their family on the chart to the right
- Must be a low income Cleveland senior homeowner or an adult 18-59 with a disability
- Must reside in and own a single or two family home
- Tree of concern must be on the applicant's property

FAMILY SIZE (circle one)	Low income threshold
1	\$15,900
2	\$18,100
3	\$20,400
4	\$22,700
5	\$24,500
6	\$26,300

IF YOU QUALIFY, HERE'S WHAT TO DO:

1. COMPLETE THE APPLICATION on the reverse side.
2. PROVIDE PROOF OF OWNERSHIP (Copy of water bill or deed)
3. VERIFY **ALL** HOUSEHOLD INCOME
This program is funded with HUD funds which target low income families based on **total household** income. Therefore, participants must verify **current yearly** household income.
 - Social Security Statement- 1-800-772-1213 to request proof
 - If currently employed, two (2) current paycheck stubs
 - If unemployed, copy of unemployment benefits
4. Submit application with supporting documentation to Cleveland Department of Aging at 75 Erievue Plaza, 2nd floor Cleveland OH 44114 or fax to 216.664.2218. Please call us at 664.2833 if you need assistance in completing the application.
5. A home visit will be scheduled to assess tree.
6. Parks, Recreation and Properties will determine tree's health and safety risk. Issues related to tree roots are not addressed by this program.

Application for Assistance for Tree or Branch Removal

Date _____

Ward _____

Owner Occupied _____ Single Family _____ Two Family _____

Applicant's name _____ Applicant's birth date _____

Address _____ Zip Code _____

Phone (Home or Mobile) _____ Number of persons in household _____

Marital Status _____ Social Security Number of applicant _____

Do you own other property? _____

Do you have any foreclosures/judgments pending? _____

Yes or No

Do you have home owner insurance? _____

Yes or No

Do you have a dog /dogs? _____

Secondary applicant (Spouse or person noted on deed)

Name: _____

Relationship to owner: _____

Birth date: _____

Source of income: _____

Monthly amount: _____

Other: _____

Monthly income of Primary applicant

Employment: _____

Social Security: _____

SSI: _____

Pension: _____

VA benefit: _____

Other: _____

Additional Applicants - Yes or No; If yes, list below

Additional Applicant

Name: _____

Relationship to owner: _____

Source of income: _____

Monthly amount: _____

Name: _____

Relationship to owner: _____

Source of income: _____

Monthly Amount: _____

Total Yearly Household Income \$ _____

Nature of problem: _____

I have answered all questions honestly and to the best of my knowledge. I hereby authorize the City of Cleveland, Department of Aging to obtain verification of necessary financial information and employment as identified on this form.

Applicant's signature _____ Date Signed _____

Co-Applicant's signature _____ Date Signed _____

City of Cleveland Department of Aging
Permission/Waiver of Liability Agreement

I, _____, am the owner of the property located at
_____, _____, _____.
(street) (city) (zip code)

I give permission for the City of Cleveland Department of Aging to give my name and address to contractors hired by the City under the Cleveland Tree Assistance Program for Seniors (CTAPS) and for the contractors to come on to my property for the purpose of hazardous tree and branch removal. I release the City of Cleveland from any and all liability, and indemnify and will hold the City of Cleveland, and all governmental units associated with this program, and their respective directors, trustees, officers, employees, agents, representatives and all other personnel from any and all liability, damages, injury, or other harm in conjunction with this project. I agree to follow all applicable CTAPS rules.

(signature)

(date)

(witness)

(date)

Please Print:

Name: _____

Address: _____

Ward # _____

Phone Number: _____

