

BLOOM TOWNSHIP DISABLED SERVICES DEPARTMENT 2020 LAWN CARE ASSISTANCE APPLICATION

ALL APPLICANTS MUST BE A RESIDENT OF BLOOM TOWNSHIP

Application Date: _____

Name of Applicant: _____

Property Address: _____

Telephone: Home: area code () _____ Work _____

Cell _____ Email Address _____

Is this a single family home? _____ Yes _____ No

Do you currently live at this residence? _____ Yes _____ No

Do you own this property or are you the primary lessee? _____ Yes _____ No

*If you did not answer yes to the above three questions you do not qualify for this program.

If you are currently at least 60 years continue to HOUSEHOLD COMPOSITION.

If you are currently 59 or younger you must have a permanent physical disability to qualify

Applicant must attach a copy of valid ID for proof of residency, proof of income, proof of occupancy/responsibility (i.e. mortgage statement, deed, or lease) and a completed Bloom Township physician statement for all household members 18-59.

HOUSEHOLD COMPOSITION

Number of people living in the residence (including applicant): _____

Name and relationship of other residents living in the home: _____

NAME	RELATIONSHIP	AGE	DISABILITY YES OR NO/ LIST DISABILITY

*There can be no abled bodied person under the age of 60 residing in the home.

FINANCIAL – INCLUDE INCOME FOR ALL HOUSING RESIDENTS

All household income must be verified. This includes any income on behalf of minors, employment income and/or child support.

Income Source:	list gross amount
_____ Social Security	\$ _____
_____ SSI/SSDI	\$ _____
_____ Pension	\$ _____
_____ Child Support	\$ _____
_____ Unemployment Comp.	\$ _____
_____ Workers Comp.	\$ _____
_____ Public Assistance	\$ _____
_____ Employment	\$ _____
<small>(Including bonuses, commissions and self-employment income)</small>	
_____ Other	\$ _____

Total Amount of monthly income \$ _____

Sliding scale is as follows:

Household Size	1	2	3	4
\$0 Copay	\$ 1,861/mo	2,514/mo	3,168/mo	3,821/mo
\$10 Copay	≥\$ 1,862/mo	≥2,515/mo	≥3,169/mo	≥3,822/mo

YOU CANNOT HAVE AN OUTSTANDING BALANCE WITH BLOOM TOWNSHIP DISABLED SERVICES TO QUALIFY.

IT IS YOUR RESPONSIBILITY TO ENSURE YARD IS CLEAR OF OBSTACLES.

PLEASE BE ADVISED THAT THE LAWN CARE PROGRAM PROVIDES BASIC LAWN MAINTENANCE ONLY. NO OTHER MAINTENANCE SERVICES ARE INCLUDED IN THE PROGRAM. UNDERSTAND YOU MIGHT BE PLACED ON A WAITING LIST UNTIL FUNDING IS AVAILABLE.

THE TOWNSHIP RESERVES THE RIGHT TO SUSPEND OR CLOSE ENROLLMENT AT ANY TIME AND THE RIGHT TO TERMINATE THE PROGRAM.

I acknowledge that the information I have provided in this application is true and accurate to the best of my knowledge.

Signature of Applicant

Date

***to be completed by Bloom Township only**

Service:

_____ FREE Lawncare assistance – standard lots (up to 7200 sf)

_____ \$10 Lawncare assistance – standard lots (up to 7200 sf)

_____ Lawncare assistance – large lots (**\$5 FEE** per 1000 sf in excess of 7200 sf, fee is charged in intervals of 1000 sf. For example, there is a \$5 charge for lots sized 7201 – 8200 sf, and an additional \$5 charge for lots sized 8201 – 9200 sf, etc.)

Copay _____

Fee _____

Lot Size _____

Total Cost per
Cut _____

(A monthly bill will be sent to applicant for payment)