



CITY OF CLEVELAND
Mayor Frank G. Jackson



Cleveland Tree Assistance Program for Seniors (CTAPS)

The Cleveland Department of Aging in partnership with the Department of Public Works and the Department of Community Development has a new program to help seniors and adults with disabilities with limited incomes with hazardous tree and branch removal on their personal property.

TO QUALIFY, APPLICANTS:

- Must be a low income Cleveland senior homeowner or an adult 18-59 receiving a disability payment
- Must reside in and own a single or two family home
- Tree of concern must be on personal property or touching personal property from a neighboring property
- Property taxes current or on a payment plan

FAMILY SIZE	2021 Gross Yearly Income Limit
1	\$19,250
2	\$22,000
3	\$24,750
4	\$27,500
5	\$31,900
6	\$34,100

IF YOU QUALIFY, HERE'S WHAT TO DO:

1. Complete the application on the reverse side.
2. 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
3. Submit application with supporting documentation to Cleveland Department of Aging at 75 Erieview Plaza, 2nd floor Cleveland OH 44114 or fax to 216.664.2218. Please call us at 216. 664.2833 if you need assistance in completing the application.
5. A home visit will be scheduled to assess tree.
6. Urban Forestry will determine the tree's health and safety risk. Issues related to tree roots are not addressed by this program.

For more information visit www.city.cleveland.oh.us/aging



Application for Assistance for Tree or Branch Removal

Date _____ Ward _____

Owner Occupied: Yes or No Please circle: Single Family or Two Family House

Applicant's name _____ Applicant's birth date _____

Address _____ Zip Code _____

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

Please circle race/ethnicity: White Black/ African American Hispanic or Latino Asian
Pacific Islander American Indian Other/Multiracial

Marital Status _____ Last Four Digits of Social Security # of applicant _____

Do you own other property? Yes or No

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? Yes or No

Monthly income of Primary applicant

Employment: \$ _____

Social Security: \$ _____

SSI: \$ _____

Pension: \$ _____

VA benefit: \$ _____

Rental Income: \$ _____

Other: \$ _____

Secondary applicant

(Spouse or person noted on deed)

Name: _____

Relationship to owner: _____

Birth date: _____

Source of income: _____

Monthly amount: \$ _____

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

Additional Applicant

Name: _____

Relationship to owner: _____

Source of income: _____

Monthly Amount: \$ _____

Additional Applicant

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 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 Signature)

(Date)

Please print:

Name: _____

Address: _____

Phone Number: _____

Ward number: _____