



## 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 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

### 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, 2<sup>nd</sup> 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. The CTAPS program cannot address tree emergencies.

<b>FAMILY SIZE</b>	2022 Gross Yearly Income Limit
1	\$19,250
2	\$22,000
3	\$24,750
4	\$27,500
5	\$29,750
6	\$31,900

**For more information visit [www.clevelandohio.gov/aging](http://www.clevelandohio.gov/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: \_\_\_\_\_