



Lawn Care Assistance Program Checklist

All items that apply are required for a complete application.

1. Income verification sheet
2. Application
3. Copy of Driver's License or State Issued Identification
4. Proof of Disability
5. Proof of Income (for every household member)
6. Copy of proof of home ownership: warranty deed, deed of trust, release of lien or guarantee deed

Examples of Income are listed below. Please provide all that apply.

<input type="checkbox"/> Copies of last 3 month's bank statements (checking, savings, money market, other) we need copies of all pages for all banking accounts, including blank pages. An explanation of miscellaneous deposits must be given.	<input type="checkbox"/> Social Security award letters <input type="checkbox"/> Aid to families with dependent children (AFDC)
<input type="checkbox"/> Reverse mortgage – copy of recent statement	<input type="checkbox"/> Pension accounts
<input type="checkbox"/> Annuities	<input type="checkbox"/> Retirement accounts
<input type="checkbox"/> Stocks <input type="checkbox"/> Individual Retirement Accounts (IRA's) <input type="checkbox"/> Certificates of Deposit (CD's) <input type="checkbox"/> Tax returns (if still filing)	<input type="checkbox"/> Information on any additional income - whether it is intermittent or regular, it must be included.

Please note:

- **This is a federally funded program.**
- **Strict guidelines will be enforced in determining eligibility.**
- **All applications are accepted on a first-come/first-served basis and are reviewed thoroughly for need determination. Prior participation does not guarantee continued acceptance.**
- **Processing will be delayed on applications with missing or incomplete information and may result in denial of services.**
- **All completed applications need to be submitted by 5 pm CST March 1, 2023.**

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. Assistance provided using this application is through the United States Department of Housing and Urban Development.

City of Garland
Community Development Block Grant
(CDBG) Income Verification Sheet (2022)

Program: City of Garland – Lawn care Assistance Program

Participant: _____

Address: _____

City/State/Zip: _____

List all Immediate Family Members (even if they do not live in the home). Must be able to verify information.

Name	Age	Address and Phone #

Family Status: _____ Female Head of Household _____ Disabled (if disabled must provide proof) _____ Elderly

Council District: _____ **Number of Persons in the Household:** _____

Race (Choose One):

White _____ Black or African American _____ Asian _____ American Indian or Alaska Native _____
 Native Hawaiian or Other Pacific Islander _____ American Indian or Alaska Native & White _____ Asian & White _____
 Black or African American & White _____ American Indian or Alaska Native & Black or African American _____
 Other Multi-racial _____

Ethnicity (Choose one):

Hispanic or Latino _____ Not Hispanic or Latino _____

Total Gross Annual Income: \$ _____

(Verified by check pay stub, deposit slip showing automatic deposit, child support letter, W-2's, etc).
Use attached form.

Current Dallas County Median Income Limits

Family Size	Very Low Income (30% of Median)	Low Income (50% of Median)	Moderate Income (80% of Median)
1 Person	\$20,450	\$34,100	\$54,550
2 Persons	\$23,400	\$39,000	\$62,350
3 Persons	\$26,300	\$43,850	\$70,150
4 Persons	\$29,200	\$48,700	\$77,900
5 Persons	\$32,470	\$52,600	\$84,150
6 Persons	\$37,190	\$56,500	\$90,400
7 Persons	\$41,910	\$60,400	\$96,600
8 Persons	\$46,630	\$64,300	\$102,850

Indicate which category the income and house size reflects the income category: _____

(i.e. – Very Low Income, Low Income, Moderate Income)

Income Verification Date: _____ **Intake Person:** _____

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Code Compliance
210 Carver, Ste. 101, Garland, TX 75040
972-485-6400
Lawn Care Assistance Program Application

Please complete the entire application.

(Please Print)

1. Name: _____
Address: _____
Telephone: _____ Age: _____ Date of Birth: _____
Ethnicity: _____ **(Required)** Social Security Number: _____

Documents Required: Proof of Income, Driver's License or ID, Proof of Residence, Code Violation Letter (if received), Social Security Number. To be eligible, you must be 60 years old or over and/or disabled (must provide proof of disability).

2. Homeowner occupying residence **must provide copy of proof of ownership:**

Warranty Deed Deed of Trust Release of Lien

3. Total monthly income: (for every household member).

Must provide copy/documentation of proof of income (copies of all pages of your last 3 months bank statements, SS award letters, AFDC, pension accounts, retirement accounts, reverse mortgage, annuities, stocks, IRAS, CDS, tax returns and information on any additional income whether it is regular or intermittent).

Social Security: _____

Medicaid: _____ SSI: _____

Pension: _____ VA: _____

TANF (AFDC): _____ Other (list type & amount): _____

4. Please list all household members:

	NAME	RELATIONSHIP	AGE
A.	_____		
B.	_____		
C.	_____		
D.	_____		

5. Are there any able bodied persons (children, friends, grandchildren, etc.) who live with you **or in the area** that could help maintain your yard?

YES NO

6. Are there any dogs in your backyard or patio? YES NO

7. Please specify the composition of your property:

Front Yard Grass Dirt Cement

Backyard Grass Dirt Cement

Alley Grass Dirt Cement

8. Please list at least one contact person in case of emergency.

NAME	ADDRESS	RELATIONSHIP	PHONE
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9. Please use this space to make any comments about the Lawn Care Assistance Program:

10. How did you hear about the program?

<input type="checkbox"/> Previous participant	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Local cable channel
<input type="checkbox"/> Friend or family member	<input type="checkbox"/> Garland City Press	<input type="checkbox"/> Other _____

Signature: _____ **Date:** _____

Please return the application and all copies for documentation as soon as possible as consideration is on a first-come/first-served basis. Incomplete applications will be returned unless we fill the allotted amount prior to your resubmission. Mail to: Code Compliance, 210 Carver, Suite 101, Garland, TX 75040.

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