



# DeKalb County Community Development

## Senior Tree Removal Program

### Application Packet Contents & Instructions

#### Application Packet Contents to Complete and Return

- 1 Application for Tree Removal Program Services
- 2 Terms and Conditions of Tree Removal Program Application
- 3 S.A.V.E. Affidavit
- 4 Authorization to Release Information
- 5 Income Certification Affidavit
- 6 Waiver of Liability and Hold Harmless Agreement

#### Instructions

- ✓ Please thoroughly complete and sign each form in this packet.
- ✓ Please thoroughly complete, sign, and notarize these forms in the packet:
  - S.A.V.E. Affidavit
  - Income Certification Affidavit
- ✓ Please thoroughly complete, sign, and obtain a witness signature on this form in the packet:
  - Authorization to Release Information
- ✓ Please include **proof of income** for all household members 18 years of age or older.

#### **\*\*NOTE\*\***

Your application is **INCOMPLETE and WILL NOT be processed** if the following are not done:

- 1) The application and all forms in this packet must be thoroughly completed, signed and notarized/witnessed as instructed.
- 2) **Proof of income** for all household members 18 years of age or older must be included with this packet.

Please call 404.371.2693 if you have questions or need assistance completing your forms.



# DeKalb County Community Development

## Senior Tree Removal Program

### Application for Tree Removal

#### 1. Homeowner/Applicant

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### 2. Co-Applicant (if applicable)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

3. **Household Composition:** How many members are in this household (live at this address)? \_\_\_\_\_ Provide information about all household members below. For each household member (18 or older). **Please, provide a copy of picture identification that includes a property address.**

Member Number	Full Name	Homeowner/ Application (Y/N) or Co-Applicant (Y/N)	Relationship to Applicant	Social Security #	Birth Date (mm/dd/yyyy)	Gender
1						
2						
3						
4						
5						
6						
7						
8						

4. **Employment and Income:** In the chart below, provide employment information for all employed household members 18 years of age or older. **Please provide copies of the last 3 months of pay stubs for all employed household members.**

	Full Name	Member Number (from #3 above)	Monthly Employment Income (Before Deductions)	Employer Name	Employer Address	Length of Employment (Years/Months)
1						
2						
3						
4						
5						
6						
7						
8						

5. **Monthly Periodic Income:** Provide the monthly periodic income for all household members who receive income from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic income, including lump-sum amounts or prospective monthly amounts for the delayed start of a periodic payment. Use a separate line for each source of income.

	Full Name	Member Number (from #3 above)	Monthly Periodic Income Amount	Annual Income	Source of Income
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

6. **Payments in Lieu of Earnings:** Indicate the name and member number assigned above to record payments such as unemployment, disability compensation, worker's compensation, and severance pay.

	Full Name	Member Number (from #5 above)	Monthly Amount	Source of Income
1				
2				
3				
4				
5				
6				
7				
8				

7. **Assets:** List cash-on-hand, checking and saving accounts, certificates of deposit, stock bonds, and all forms of capital investment for all household members (provide most recent statements on all accounts). Include income of any kind from real or personal property.

	Full Name	Member Number (from #6 above)	Description of Asset	Bank or Source	Account Number
1					
2					
3					
4					
5					
6					
7					
8					

8. **Real Estate Owned:** In addition to property address listed on this application, list all real estate that you currently own.

Property Address	Property Type	Market Value	Date Purchased

9. Have you ever received a grant or loan from the DeKalb County Housing Authority or DeKalb County?

☐ Yes ☐ No If yes, when? \_\_\_\_\_ Type of Assistance? \_\_\_\_\_

**10. Subject Property:** Provide the following information on the house to be repaired. Please submit copies of your insurance policy and a statement from your mortgage company showing that your mortgage is current.

- a. Insurance Company Name \_\_\_\_\_
- b. Insurance Agent Name \_\_\_\_\_
- c. Mortgage Company Name \_\_\_\_\_
- d. Mortgage Balance \_\_\_\_\_
- e. Account Number \_\_\_\_\_
- f. Is this house your principal place of residence? ☐ Yes ☐ No

**Signatures:** The undersigned certify that all statements made in this application are true and complete. The undersigned also understand that DeKalb County will verify information with any sources named in this application, even if assistance is not approved.

Homeowner/Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Community Development Department Use Only**

Date Application Received \_\_\_\_\_ Date of Preliminary Review \_\_\_\_\_

☐ Application Complete ☐ Application Incomplete

Reason(s) \_\_\_\_\_

Date Additional Information Requested \_\_\_\_\_ Date(s) Received \_\_\_\_\_

Date Application Information Completed \_\_\_\_\_

Application Status ☐ Accepted for Program ☐ Not Accepted for Program

Reason(s) \_\_\_\_\_