



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) _____