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, have limited incomes and hazardous trees 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

HERE’S WHAT TO DO:

1. Complete the attached application

2. Provide current year income for all household members. 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. The CTAPS program cannot address tree emergencies.**

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   Secondary applicant
(Spouse or person noted on deed)

Employment: $______   Name: ____________________________
Social Security: $______   Relationship to owner: __________
SSI: $______   Birth date: ____________________________
Pension: $______   Source of income: ____________________________
VA benefit: $______   Monthly amount: $________
Rental Income: $______
Other: $______

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

Additional Applicant   Additional Applicant
Name: ____________________________   Name: ____________________________
Relationship to owner: __________   Relationship to owner: __________
Source of income: __________   Source of income: __________
Monthly Amount: $________   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: _________________________________