



# City of Sylvan Lake

## Resident Application for Lawn Services provided through CDBG Funds

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you own this property? (yes or no): \_\_\_\_\_ Total number of people living at this address: \_\_\_\_\_

I certify I am the a person who is 62 years or older and I live at the above address. (Check the box) \_\_\_\_\_

Gender (select one): \_\_\_\_\_ Male Female If female, are you the head of the household? (yes or no): \_\_\_\_\_

**Please select your race:**

- |  |   |
|--|---|
| White                                  | American Indian/Alaskan Native & White                  |
| Hispanic                               | Asian & White   |
| Latino                                 | Black/African American & White                          |
| Black/African American                 | American Indian/Alaskan Native & Black/African American |
| Asian                                  | Other Multi-Racial                                      |
| American Indian/Alaskan Native         |   |
| Native Hawaiian/Other Pacific Islander |   |

**\*\* You must submit a copy of your driver's license or other proof of age document AND proof of income (2023 tax return) to be considered. \*\***

As a recipient of yard services funded by the Community Development Block Grant funds, I declare my total yearly household income from all sources is:

\$

**APPLICANTS CERTIFICATION:** *The applicant certifies all information in this application, and all information furnished in support of this application is for the purpose of receiving yard services for the improvement of the above property, and that these statements are true to the best of the applicants' knowledge and belief.*

By placing my signature below, I hereby certify I meet the age requirement for the CDBG Program, I meet the household income threshold of under \$33,150 for one person, or \$37,900 for two persons (both over 62 years of age) and I have provided proof of age and proof of income along with this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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*Official Use Only:*

Verified age: Driver's Lic. State ID Birth Certificate (circle one)

Verified income with tax return: Yes or No (circle one)

Staff initials: \_\_\_\_\_ Date: \_\_\_\_\_