

2024 LAWN CUTTING PROGRAM APPLICATION

HOUSEHOLD INFORMATION:

Name _____

Address _____

Zip Code _____ Birth Date _____

Phone(s) () _____ () _____

Email _____

ELIGIBILITY:

_____ I am 65 years of age or older

_____ I live alone

_____ I have other household members *

or

_____ I am **under** the age of 65 and disabled

_____ I live alone

_____ I have other household members *

_____ I have attached a doctor's letter confirming the disability of each household member under age 65

* Please list other household member(s) and their birth date(s):

NAME	RELATIONSHIP	BIRTH DATE

COST: There will be a charge of \$200 per senior household. Checks payable to "Village of Brooklyn Heights" or exact cash will be accepted. There will be a discount for any senior that has been approved for the federal HEAP program. Proof of participation in the HEAP program must be submitted in the form of your current year acceptance letter and/or a copy of your most current gas bill with the HEAP discount listed. HEAP recipient cost is \$80.

I release the Village, its servants, agents and employees from any liability or damage whatsoever which may arise from the lawn cutting service at the above noted property.

I do certify that the above information submitted is true and accurate.

Resident's Signature _____ Date _____

IF RENTING, Signature of Homeowner Required:

Homeowner's Signature _____ Date _____

Department Use Only:

Date Received _____ Amount Rec'd _____ Ck # / Cash _____

HEAP Verified _____ CSD Approval _____ Computer _____