



Dear Applicant,

Thank you for your inquiry into the Urban County/City of St. Peters' Lawn Care Program. This program offers assistance with lawn mowing to residents of the city who meet the criteria and require assistance with lawn mowing. In order to be considered for the program, an applicant must:

- Reside within the corporate city limits of St. Peters.
- Own the home where they reside.
- Have a total household income not exceeding the HUD low-income limits.
- Everyone living in the home is at least 62 years old or is disabled.

In order to determine your eligibility for the program all of the following documentation must be completed and submitted:

1. The enclosed Participant Information form
2. The enclosed Eligibility Certification form
3. The enclosed Declaration form
4. The enclosed Release form
5. A copy of your completed **2010 federal income tax** including schedules and attachments
6. Proof of all sources of income (W-2 forms, interest and dividend statements, Social Security statement, pension statement, annuities, child support letter, unemployment compensation letter, divorce decree, etc.) ***Please note that all Social Security received is counted as income.**
7. Proof of ownership of your home (General Warranty Deed, Quit Claim Deed, Title information for Mobile Homes, etc.) **A Deed of Trust is not acceptable.** If the name of a deceased person appears on the general warranty deed, a death certificate is also required. A copy of the General Warranty Deed can be obtained in person at the St. Charles County Recorder of Deeds located at 201 N. 2nd St., St. Charles, MO 63301.
8. Proof of Age (copy of drivers license, birth certificate) or Disability (letter from doctor or Social Security office) for everyone living in the home. To be accepted based on disability, you must meet the HUD Section 504 definition found at number 9 on the Participant information page.

Please submit your application materials in the enclosed envelope by mail or in person to:

City of St. Peters
Attn: Dept. of Community Projects
P.O. Box 9
St. Peters, MO 63376

City Hall hours are 8:30 a.m. to 5:00 p.m., Monday through Friday. Applications will be accepted until 5:00 p.m. on Friday, March 2, 2012.

Applications will be accepted based on lowest income first. If you have any questions about the application process or the Lawn Care Program, please call the Community Projects Office at 636-477-6600, Ext. 1366.

Chris Cattoor
SSS Administrative Coordinator

URBAN COUNTY/CITY OF ST. PETERS
2012 Community Services Program-Lawn Mowing Assistance

PARTICIPANT INFORMATION

1. Applicant Name _____
2. Address _____ Zip Code _____
3. Phone: Home _____ Business _____
4. Number of people currently living in your household _____
5. List **all** household members living at your address, including yourself:

Name (Last, First, Middle)	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

The City is required to provide statistical information to the U.S. Department of Housing and Urban Development on those participating in our program. Please check each category below that applies. There may be a delay in processing the application if the statistical questions are not completed.

6. Male ___ Female ___
7. Ethnicity: (select *only one*)
Hispanic or Latino ___
Not Hispanic or Latino ___
8. Race:
American Indian/Alaskan Native ___
Asian ___
Black/African American ___
Native Hawaiian/Other Pacific Islander ___
White ___
9. I am disabled based on HUD's Section 504 regulations which defines an individual with a disability as any person who has a physical or mental disability that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment (24 CFR 8.3). Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself. The law also applies to individuals who have a history of such impairments as well as those who are perceived as having such an impairment. Yes _____ No _____
10. How did you find out about the program? _____

11. When is the best time to contact you? _____

DECLARATION

The undersigned acknowledge that participation in the Urban County/St. Peters Lawn Care Program is voluntary.

The undersigned hereby apply for participation in the Lawn Care Program as administered by the City of St. Peters and agree to provide the City with the information requested on the Participant Information Form, the Eligibility Certification and all other information requested by the City.

The undersigned further agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county, and/or city requirements pursuant to the Housing and Community Development Act of 1974, as amended.

The undersigned hereby authorize the City to obtain the documents necessary for participation in the Lawn Care Program, including title information, income verification, etc.

The undersigned affirm and acknowledge that any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

The undersigned further represent and warrant that the information that has been given is true and complete to the best of their knowledge.

The undersigned further affirm and acknowledge that they have been notified of and understand their rights and responsibilities as applicants for the Lawn Care Program.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Convictions may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

HOMEOWNER

DATE

HOMEOWNER

DATE

SSS ADMINISTRATIVE COORDINATOR

DATE

RELEASE

This release is made and entered into this _____ day of _____, 2012, by and between
_____, hereinafter referred to as "Owner" of the property
Owner(s) Name

located at _____, and the City of St. Peters (hereinafter
Property Address
referred to as the "City").

In consideration of the Owner's voluntary participation in the Urban County/City of St. Peters Lawn Care Program, the Owner hereby releases and agrees to indemnify and hold harmless the City, its agents, employees, and officers from all claims, damages or causes of action (including reasonable attorneys fees) caused by or arising in any manner from the Owner's participation in the City of St. Peters Lawn Care Program and any agreements between the Owner and the lawn care contractors.

I, the Owner, have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance the day and year first written above.

OWNER

DATE

OWNER

DATE



Discrimination is prohibited on the basis of race, color, religion, sex, handicap, familial status or national origin.