



# City of Madison Heights

City Hall Municipal Offices  
300 W. Thirteen Mile Road  
Madison Heights, MI 48071

Department of Public Services  
801 Ajax Drive  
Madison Heights, MI 48071

Fire Department  
31313 Brush Street  
Madison Heights, MI 48071

Police Department  
280 W. Thirteen Mile Road  
Madison Heights, MI 48071

[www.madison-heights.org](http://www.madison-heights.org)

Dear Yard Services Program Applicant:

Attached is a two-page application for the City of Madison Heights Yard Services Program for April 2017 through April 2018, which provides lawn care and snow removal services for eligible senior citizens and disabled residents. Each page must be completely filled out, signed and dated in the designated spaces. Be sure to fill out both sides of the application. It is imperative that the ethnic and racial information is completed.

**Every year we are required to re-verify all participants' income.**

Therefore, in order to qualify for the program, all participants must complete a new application and income verification every year, be at least 55 years of age or disabled as defined by the Social Security Act (receiving SSI or SSD) and also occupy the home. If a non-senior/non-disabled individual lives in the home, applicants will not qualify for the program. In addition, we need written proof of the total gross annual income of all persons living in the house over 18 years of age, and a list of all persons residing in the household regardless of age. The **CURRENT** income limits are as follows:

One person	\$23,450	Three people	\$30,250
Two people	\$26,850	Four people	\$33,600

**\*INCOME LIMITS ARE CURRENT AND ARE SUBJECT TO CHANGE AT ANY TIME BY THE FEDERAL GOVERNMENT.**

**PLEASE HAVE YOUR INCOME TAXES COMPLETED AND GATHER ALL YOUR PAPERWORK BEFORE YOU COME TO THE SENIOR CENTER.**

**\*IF WE NEED TO MAKE COPIES OF YOUR PAPERWORK THERE WILL BE A \$1.00 PER PAGE CHARGE.**

Required income verification includes but is not limited to:

- 2016 Michigan Homestead Property Tax Credit Claim tax form (MI 1040 CR). If any income is listed on lines 14-27 we need another paper (for instance, a bank statement showing interest) as verification of income.
- Social Security Award Letter stating gross amount you are receiving in 2017.
- Proof of current pension, wages, interest, annuity, dividend, capital gains/losses or other third party verification of income.
- We may need more paperwork than what is listed above once we look over your individual paperwork.

The Yard Services Program is first come first serve with a limited number of slots. If you have any questions or need assistance completing the forms, please contact Heather Parker at the Senior Center at 248.545.3464.

Sincerely,

City of Madison Heights

CITY OF MADISON HEIGHTS  
2017 YARD SERVICES PROGRAM APPLICATION

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

Your Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Elderly \_\_\_\_\_ Disabled \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

Who is residing in the unit? (List all persons, including yourself, living in the household.)

Name	Birth date	Sex	Relation to Head
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Source of Income (List all sources of income for each person)	GROSS Amount Per Month	GROSS Amount Per Year
Social Security	\$ _____	_____
Interest	\$ _____	_____
Pension/Annuity/IRA	\$ _____	_____
Other	\$ _____	_____
Other	\$ _____	_____
<b>Total</b>		_____

Verification of above income must be attached. If verification is not submitted with application, the application will be returned to you. This program is based on a first come, first serve basis. Only applications that are returned complete with all information will be eligible for the service.

<b>FOR OFFICE USE ONLY:</b>			
Parcel number	_____ - _____ - _____	Area	_____ Lot size _____ Age _____
Approval	_____	Income %	_____ Date _____

For statistical purposes only, please circle what most closely represents your head of household's ethnic composition:

**Hispanic**      YES      NO

For statistical purposes only, please circle what most closely represents your head of household's racial composition:

**Single Race:**

**Multi Race:**

White

American Indian/Alaskan Native & White

Black/African American

Asian & White

American Indian/Alaskan Native

Black/African American & White

Asian

American Indian/Alaskan Native & Black/African American

Native Hawaiian/Other Pacific Islander

Other Multi Racial

*Note: The Federal Government requires that we gather this information on any program funded in whole or part by Community Development Block Grant Funds.*

**RELEASE OF LIABILITY**

I (We), \_\_\_\_\_, who reside at \_\_\_\_\_ in Madison Heights, Michigan, hereby release the City of Madison Heights, its officers, employees, and agents of any and all liability arising out of any service performed for me under the Yard Services Program, including but not limited to, injuries to me, ourselves, guests or invitees, and damages to my (our) property or equipment.

We further agree to hold harmless and indemnify the City of Madison Heights, its officers, employees, and agents for any and all actions, causes of action, claims, demands, damages, costs, expenses and compensation on account of or in any growing out of any and all personal injuries and property damage which may hereafter be presented by anyone as a result of the actions or inaction of any person furnished by me (us) through the Yard Services Program.

I (We) warrant that the premises are free from hazards and defects and that any equipment, tools, or other property being furnished to City employees under this program are free of defects and suitable for the use intended.

No promises have been made to me except what is written on the Yard Service Request. I (we) further state that I (we) have read the foregoing Release of Liability agreement, know the contents thereof, and it is signed as my (our) free act.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Resident Signature

\_\_\_\_\_  
Date