



City of Odessa

Community Development

Dear Applicant:

Thank you for your inquiry into the city of Odessa's Lawn Mowing Program. This program helps with lawn mowing to residents of the city who meet the criteria and require assistance with lawn mowing. To be considered for the program, an applicant must:

- Reside within the city limits of Odessa.
- Own the home in which they reside
- Have a total household income not exceeding HUD low-income limits
- Everyone living in the home is at least 65 years old or disabled.

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

- The enclosed Applicant Application
- The enclosed Eligibility Certification form
- The enclosed Declaration form
- The enclosed Release form
- A copy of your most recent federal income tax return including schedules and attachments
- 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.)
- Proof of ownership of your home (General Warranty Deed, Quick 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.
- Proof of Age (copy of driver's 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 on the Application.

Please submit your application and supporting documents by mail or in person to:

CITY OF ODESSA
Community Development
119 West 4th Street, Suite 104
Odessa, TX 79761

Office hours are Monday through Friday from 8:00 am to 5:00 pm.

If you have any questions about the application process or the Lawn Mowing Program, please call Community Development at 432-335-4820.

CITY OF ODESSA
LAWN MOWING PROGRAM

APPLICANT NAME: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: HOME _____ BUSINESS _____

NUMBER OF PEOPLE CURRENTLY LIVING IN YOUR HOME: _____

LIST ALL PEOPLE LIVING IN THE HOME, INCLUDING YOURSELF:

NAME (First and Last)	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATISTICAL INFORAMTION

MALE: _____ FEMALE: _____

ETHNICITY:

HISPANIC OR LATINO _____

NOT HISPANIC OR LATINO _____

RACE:

AMERICAN INDIAN/ALASKAN NATIVE _____

ASIAN _____

BLACK/AFRICAN AMERICAN _____

NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER _____

WHITE _____

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 impairment, or is regarded as having such impairment (24CFR8.3). 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 impairment. Yes _____ No _____

How did you find out about the program? _____

When is the best time to contact you? _____

If you were not required to file a Federal Income tax return please check the statement below. You are still required to submit proof of income.

_____ I was not required to file a 2020 Federal Income Tax Return

SOURCE OF INCOME Wages or Salary from Employment. Enter Name of Employer(s)	GROSS INCOME	PERSON RECEIVING INCOME
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____ Self Employment Earnings	\$ _____	_____
_____ Social Security	\$ _____	_____
_____ Veteran's Benefits	\$ _____	_____
_____ Pensions/Annuities	\$ _____	_____
_____ Dividends or Interest	\$ _____	_____
_____ Unemployment	\$ _____	_____
_____ Retirement	\$ _____	_____
_____ Workers Comp	\$ _____	_____
_____ Child Support	\$ _____	_____
_____ Alimony	\$ _____	_____
_____ Rental Property Income	\$ _____	_____
_____ Supplemental Social Security	\$ _____	_____
_____ Other Types of Income	\$ _____	_____
_____	\$ _____	_____
<u>TOTAL GROSS INCOME</u>	\$ _____	_____
TOTAL HOUSEHOLD MEMBERS	_____	_____

I HEREBY CERTIFY THAT ALL THE INFORMATION STATED HEREIN, AS WELL AS ANY INFORMATION PROVIDED IN THE ACCOMPANYING DOCUMENTS HEREWITH ARE TRUE AND ACCURATE.

Signature

RELEASE

This release is made and entered into this _____ day of _____, 20____, by and between _____, hereinafter referred to as "The Owner" of the property located at _____, and the City of Odessa (hereinafter referred to as the "City").

In consideration of the Owner's voluntary participation in the City of Odessa's Lawn Mowing 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 Odessa's Lawn Mowing Program and any agreements between the Owner and the lawn care contractors or volunteers.

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

HOMEOWNER

DATE

HOMEOWNER

DATE

DECLARATION

The undersigned acknowledges that the participation in the City of Odessa's Lawn Mowing Program is voluntary.

The undersigned hereby applies for participation in the Program as administered by the City of Odessa and agrees 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 agrees to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, and city requirements.

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

The undersigned affirms and acknowledges that any misrepresentation of material facts of 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 represents and warrants that the information that has been given is true and complete to the best of their knowledge.

The undersigned further affirms and acknowledges that they have been notified of any understand their rights and responsibilities as applicants for the Lawn Mowing Program.

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

HOMEOWNER

DATE

HOMEOWNER

DATE