



# H.E.L.P. Application for Garden Plowing



Senior Citizen   
Disabled

## APPLICANT INFORMATION

Name:	Date of Birth:	Age:
Community:	Enrollment #:	Phone:
Mailing Address:		
City:	State:	ZIP Code:
911/Physical Address & Directions to your home:		

## PLEASE LIST EVERYONE CURRENTLY LIVING IN YOUR HOME

NAME	ENROLLMENT #	AGE	RELATIONSHIP

## SIGNATURE

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification. I have to provide documentation to support this application. Failure to provide correct information could result in services being denied. I have also received a copy of the lawn maintenance policies have read and fully understand them.

Signature of Applicant (Or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*PLEASE COMPLETE ALL SECTIONS. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED\*\***

## OFFICE USE ONLY

<input type="checkbox"/> Approved	By: _____	Received By: _____
<input type="checkbox"/> Disapproved		Date Received: _____
		Copy of enrollment card <input type="checkbox"/>