



BOROUGH OF CARLISLE

TREE REMOVAL & REPLACEMENT GRANT PROGRAM



The Carlisle Tree Removal & Replacement Grant Program provides grants to low and moderate-income property owners who are identified by the Borough as needing to replace Borough shade trees in the front of their properties. The grant shall provide up to \$3,000 for the removal of a tree as approved by the Borough contingent upon a Borough approved replacement planting occurs.

ELIGIBLE APPLICANTS:

Homeowners living in Carlisle, PA (Homeowners must use the property listed as their primary residence)

Household Income is at or below 80% of Area Median Income (AMI)

The submission of an application for this program does not constitute acceptance, meeting minimum qualification criteria, nor is it guarantee of a program award. All information submitted will be individually verified and households who provide misleading or false information will be disqualified.

Applicants must provide the following with the attached application:

- ☐ Photo ID
- ☐ Proof of Income (Paystubs, W-2s, tax filings, bank statements demonstrating regular income, attestation from an employer, job termination letter, unemployment verification letter)
- ☐ Copy of the SHADE TREE NOTICE/LETTER from the Borough
- ☐ Application

Household Size	1	2	3	4	5	6	7	8
80% AMI	\$61,250	\$70,000	\$78,750	\$87,450	\$94,450	\$101,450	\$108,450	\$115,450
Moderate Income								
50% AMI	\$38,300	\$43,750	\$49,200	\$54,650	\$59,050	\$63,400	\$67,800	\$72,150
Low Income								

HOMEOWNER INFORMATION:

APPLICANT NAME: _____

PROPERTY ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

LIST ALL PERSONS LIVING AT THE ABOVE ADDRESS (If needed, list on the back)

NAME	S.S. #	RELATIONSHIP TO APPLICANT	BIRTH DATE	SEX
1. _____				
2. _____				
3. _____				
4. _____				

HOUSEHOLD INCOME:

RECIPIENT	SOURCE	<u>ANNUAL INCOME</u>
_____		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL ANNUAL HOUSEHOLD INCOME		\$ _____

HOUSEHOLD ASSETS:

1. CHECKING ACCOUNT BAL.	\$ _____
2. SAVINGS ACCOUNT BAL.	\$ _____
3. OTHER SAVINGS	\$ _____
TOTAL HOUSEHOLD ASSETS	\$ _____

I CERTIFY THAT I AM THE OWNER/OCCUPANT OF THIS PROPERTY AND THAT FALSE STATEMENTS HEREIN ARE MADE SUBJECT TO THE PENALTIES OF 18 PA C. S. 4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

DATE

Homeowner's Signature(s)

CERTIFICATION OF DISCLOSURE OF INCOME AND ASSET SOURCES

Federal law and HUD regulations require that all applicants disclose all sources of income and assets. Failure to disclose all sources of income and assets constitutes fraud against the federal government which is punishable by law. As a certification, please check below all sources of income which you receive and assets which apply to you. You must disclose all sources including joint accounts or assets which are held for your benefit.

THE FOLLOWING INCOME SOURCES AND ASSETS APPLY (please check all that apply to you):

INCOME SOURCES

- ☐ Income from Employment- No. of sources _____ (except Greenthumb, VISTA, RSVP, JTPA).
- ☐ Unemployment Compensation Benefits (including disability, workman's comp., and severance pay).
- ☐ Income from Veterans' Benefits.
- ☐ Social Security Income.
- ☐ SSI Benefits.
- ☐ State Supplemental Payments (SSP).
- ☐ Retirement Pension from Employer- No. of sources _____.
- ☐ Income from I.R.A. or Annuity- No. of sources _____.
- ☐ Income from Self-Employment (including "under the table" income)
- ☐ Income from Child Support – Support for: _____
- ☐ Alimony
- ☐ Income from Ownership of Rental Property(s). (DOES NOT INCLUDE RENT REBATES.)
- ☐ Income from Public Assistance (TANF or General Assistance).
- ☐ Income from Lottery Installment Payments.
- ☐ Income from Business.
- ☐ Income from Military Pay.
- ☐ Income from Insurance Installment Payments (such as Death Benefits).
- ☐ Income from Regular Dividends.
- ☐ Recurring Income or Gifts.
- ☐ Other sources of income not listed above. Specify: _____

ASSETS

Please check all of the following assets which you possess:

- ☐ Certificates of Deposit- No. of CD's _____.
- ☐ Bonds or Savings Bonds- No. of Bonds _____.
- ☐ Treasury Notes- No. of Notes _____.
- ☐ Stocks- No. of Shares _____.
- ☐ Trust Funds.
- ☐ Savings Accounts- No. of Accounts _____.
- ☐ Checking Accounts- No. of Accounts _____.
- ☐ Money Market Accounts – No. of Accounts _____.
- ☐ 401K, IRA or Annuity Accounts – No. of Accounts _____.
- ☐ Life Insurance Policies – No. of policies _____.
- ☐ Other Investments. Please specify: _____.

_____ Land and/or Home/Business Property Ownership- No. of properties _____.

_____ Other assets not listed above. Specify: _____

I certify with my signature below that I have checked and disclosed all sources of income and assets which apply to me. I realize failure to provide correct information constitutes fraud and is punishable under federal law.

Date

Homeowner's Signature

Date

Homeowner's Signature

GENERAL RELEASE OF INFORMATION

I/we the undersigned give the Borough of Carlisle permission to obtain verification of information from any source given in this application. This information is to be used to determine eligibility for a grant under the Carlisle Borough Tree Removal & Replacement Grant Program.

Witness

Homeowner

Homeowner

INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal Government for certain types of home ownership and housing rehabilitation programs. You are not required to furnish this information, but are encouraged to do so. However, if you choose not to furnish it, under Federal regulations this Authority is required to note race and sex on the basis of visual observation or surname.

Applicant #1

Ethnicity: Are you Hispanic or Latino? ☐ yes ☐ no

Race: ☐ American Indian or Alaskan native
☐ Black/African American
☐ Asian
☐ Native Hawaiian/other Pacific Islander
☐ White
☐ American Indian/Alaskan native and Black/African American
☐ American Indian/Alaskan native and White
☐ Asian and White
☐ Black/African American and White

Gender: ☐ Female ☐ Male

☐ I do not wish to furnish this information.

Applicant #2

Ethnicity: Are you Hispanic or Latino? ☐ yes ☐ no

Race: ☐ American Indian or Alaskan native
☐ Black/African American
☐ Asian
☐ Native Hawaiian/other Pacific Islander
☐ White
☐ American Indian/Alaskan native and Black/African American
☐ American Indian/Alaskan native and White
☐ Asian and White
☐ Black/African American and White

Gender: ☐ Female ☐ Male

☐ I do not wish to furnish this information.

Please list ethnicity, race, and gender of all other household members.

NUMBER OF ADDITIONAL MEMBERS IN HOUSEHOLD: _____

Please identify each household member by: ethnicity - Hispanic or Latino or **NOT Hispanic or Latino**; race: (use 1 of 9 categories shown above); and gender.

1. _____
2. _____
3. _____
4. _____

5. _____

6. _____

☐ I do not wish to furnish this information.

SUBMIT APPLICATION TO THE BOROUGH OF CARLISLE OR via email at
CDBG@carlislepa.org, or mail/drop off at 53 West South Street, Carlisle PA, 17013.