

City of Springfield CHORE Program

Services Offered

The City of Springfield administers the CHORE Program which is designed to assist very low-income senior or disabled homeowners by providing up to \$250 per year for services such as those listed below which will be provided by contractors hired and paid by the City:

Mowing lawns	Cleaning up after windstorms
Raking leaves	Washing windows
Trimming shrubs & trees	Cleaning gutters
Repairing window screens	Hauling yard debris
De-mossing roofs and walkways	Other Safety/Maintenance concerns

Eligibility Requirements

- Springfield residents who own their home and land within the City Limits and don't have their home up for sale.
- Have a total household income not exceeding these guidelines:
 - 1 Person Household \$14,400 OR 2 Person Household \$16,500
- And:
 - 62 years or older living alone or with their spouse OR Certified disabled living alone.

Verification of Income or Disability

We are required to determine the eligibility of persons who apply for services. A part of that process includes verification of household income or disability of applicants. Please complete and sign the enclosed application, Consent of Disclosure form, and attach any substantiating documents of income from each source.

Documents of income may include pay slips, check stubs, notes from persons for whom you have worked, award letters or statement of benefits from Social Security (or other programs such as vocational rehabilitation, Veterans Administration, Senior and Disabled Services, etc.) unemployment claim determination, copies of pension checks, etc.

You can obtain an award letter from the Social Security Administration by calling their toll free number: 1-800-772-1213.

Documents of disability can include statements of benefit determination from Social Security or other programs such as vocational rehabilitation, Veterans Administration, or a letter from your Senior and Disabled Services caseworker, etc.

Please note that applications cannot be processed without verification of income or disability.

**APPLICATION
CITY OF SPRINGFIELD
CHORE PROGRAM**

Property Address _____ ZIP _____ Phone: _____

Provide the following information for each household member (If there are more than two (2) household members you will not be eligible for the CHORE Program). List the primary contact person first:

NAME	DATE OF BIRTH	SEX GROUP	RACIAL/ETHNIC*	IF HANDICAPPED OR DISABLED DESCRIBE CONDITION
_____	_ / _ / _	_	_____	_____
_____	_ / _ / _	_	_____	_____

* NOTE: THIS INFORMATION IS COLLECTED FOR STATISTICAL PURPOSES ONLY; COMPLETION IS OPTIONAL
racial/ethnic group code: white, black, American Indian/Alaskan Native, hispanic, Asian/Pacific Islander

LIST ALL SOURCES OF INCOME FOR ALL HOUSEHOLD MEMBERS:

NAME OF HOUSEHOLD MEMBER	SOURCE OF INCOME	AMOUNT/MONTH
_____	_____	\$ _____
_____	_____	\$ _____

Dwelling is: Single family Duplex Multi-family Owned Rented

ASSETS*	CURRENT VALUE	*Net family assets include the equity on real property (other than home resided in), savings, bonds, stocks, and other forms of capital investments. The value of personal property, such as furniture and family automobiles, is to be excluded.
Cash in Banks	\$ _____	
Value of Real Estate Owned	\$ _____	
Cash Value of Life Insurance	\$ _____	
Value of Stocks/Bonds (List at right)	\$ _____	
Other (Describe at right)		
Total Assets	\$ _____	

I am aware that the benefits available under this program are based upon household size and estimated income limits. Therefore, I declare that the enclosed information is true to the best of my knowledge.

Mail or Deliver this Application to: City of Springfield Housing Programs 225 Fifth Street Springfield, OR 97477
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Signature of Applicant

Office Use Only Client I.D. Number _____ Office Use Only Tax Account # _____

CHORE Program

City of Springfield

CONSENT OF DISCLOSURE

Pursuant to Public Law 93-579 (the Privacy Act of 1974), I have made the attached disclosures freely and voluntarily and with full knowledge that any and all information given to the City of Springfield shall be used solely for the purpose of determining my eligibility under the CHORE Program.

I hereby consent to the disclosure to the City of Springfield by the following named sources, person, and/or entities of any information pertaining to me which appears in my application for assistance under the CHORE Program, for the sole purpose of processing my application for assistance: (1) my employer or other sources necessary to verify my income; and (2) any other person or entity the City of Springfield may deem necessary or appropriate in processing my said application.

By this consent, I shall hold the City of Springfield harmless for any liability that it may incur as a result of any disclosure made within the bounds of my consent and authorization.

I acknowledge receipt of a copy of this instrument, consisting of one page. I (we) also hereby attest to the truth of any of the information given for the sole purpose of making this application.

Note: It is not mandatory for a person to give his/her Social Security number. However, it will be to your advantage to comply with the request so that there will be no delaying the processing of your application.

Your Social Security Number will be used as an identifier for information collected from you to determine your initial eligibility or continuing eligibility to receive a program benefit. It may also be used for statistical purposes to improve program effectiveness.

Signature of Applicant

Date

Social Security Number

Enclose verification of income or disability with your application. Statement of Benefits letter from Social Security, letter from Senior & Disabled Services caseworker, pay slips, check stubs, notes from persons for whom you have worked, unemployment claim determination, copies of pension checks, etc. Copies can be made for our files and originals returned to you. **Your application cannot be processed without verification of income or disability.**

Describe the maintenance work you would like done in your order of preference:

- | |
|----|
| 1. |
| 2. |
| 3. |
| 4. |

Mail or deliver this application to:

**City of Springfield
Housing Programs Division
225 Fifth Street
Springfield, OR 97477**

For questions call 726-2358