



Eligibility Certification for Community Development Block Grant  
Yard Services for Rose Township Residents

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Total Number of persons in household: \_\_\_\_\_

\_\_\_\_ I certify that I am a person who is 62 years or older and that I live at the above address. (Submit copy of driver's license or other proof of age.)

Or

\_\_\_\_ I certify that I meet the HUD definition of a severely disabled adult and that I live at the above address. (Submit signed doctor's note verifying that you are severely disabled.)

As a recipient of Yard Services, funded by Community Development Block Grant Funds, I declare my total yearly household income from all sources is: \$ \_\_\_\_\_

**APPLICANTS CERTIFICATION:** The applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of receiving yard services for the improvement of the above mentioned property, and that these statements are true to the best of the applicants' knowledge and belief.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

I hereby fully indemnify and hold harmless the OLHSA board, staff administration, Rose Township, and assigns from any and all expenses and liability of any kind which may arise out of or in connection with the performance of OLHSA's services. I give my consent to release information about myself, which may be necessary to secure services, follow-up assistance, and that emergency information can be shared and/or emergency contacts notified in the event of an emergency. I give my consent to have my demographic data to be reported in the National Aging Program Information System (NAPIS) if applicable. I understand that this information will only be released to an appropriate management person, applicable funding source representative, or emergency contact while I am a client of an OLHSA program. I understand that I have the right to cancel, in writing, this release of information consent at any time except to the extent that OLHSA has already acted upon it.

I understand that I will not receive services paid for by Community Development Block Grant funds until this paper and the verification documents are received.

\_\_\_\_\_  
CLIENT SIGNATURE DATE

\_\_\_\_\_  
WITNESS SIGNATURE DATE