

Home Sweet Home
Lawn and Snow Removal Program
Enrollment Form

Please print clearly.

Today's date: _____

Date of Birth: _____

Name: _____

Phone Number: _____

Address: _____

City: _____

State: _____

Zip: _____

Emergency Contact Name: _____

Address: _____

Phone#: (_____) ____ - ____

Emergency Contact's Relationship to you? _____

Race (for Grant Statistics only):

White Black Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
 American Indian/Alaskan Native & White Asian & White Black/African American & White
 American Indian/Alaska Native & Black/African American Hispanic/White Hispanic/Black/African
 American Hispanic/Asian Hispanic/American Indian/Alaska Native Hispanic/Native
 Hawaiian/Other Pacific Islander Hispanic/American Indian/Alaskan Native & White Hispanic/Asian & White
 Hispanic/Black/African American & White Other/Multiracial

Income Status And Limits	<input type="checkbox"/> 1 Person	<input type="checkbox"/> 2 Persons	<input type="checkbox"/> 3 Persons	<input type="checkbox"/> 4 Persons
Above Moderate	<input type="checkbox"/> Over \$39,551	<input type="checkbox"/> Over \$45,201	<input type="checkbox"/> Over \$50,851	<input type="checkbox"/> Over \$56, 501
Moderate (80% of Median)	<input type="checkbox"/> \$39,550 – 26,401	<input type="checkbox"/> \$45,200 – \$30, 151	<input type="checkbox"/> \$50,850 – \$33,951	<input type="checkbox"/> \$56,500 – \$37,701
Low (50% of Median)	<input type="checkbox"/> \$26,400 – \$15,851	<input type="checkbox"/> \$30,150 – \$18, 101	<input type="checkbox"/> \$33,950 – \$20, 351	<input type="checkbox"/> \$37,700 – \$22,600
Extremely Low	<input type="checkbox"/> Under \$15,850	<input type="checkbox"/> Under \$18,100	<input type="checkbox"/> Under \$20,350	<input type="checkbox"/> Under \$22,600

Check (X) the service you are enrolling for:

I am enrolling in the lawn maintenance program only

I am enrolling in the snow removal program only.

I am enrolling in both the lawn maintenance and snow removal program.

Indemnification and Hold Harmless Agreement

This agreement is made this _____ day of _____ 20____ Between Waukegan Township
(hereinafter Township) and _____ of _____
(Print Name) (Print Street Address)

_____, IL _____
(City) (Zip Code)

(Hereinafter Resident) for lawn maintenance and/or snow removal services (hereinafter Program) rendered by the Waukegan Township to the Resident.

I Agree with the Following Conditions:

1. That resident shall allow workers of the Township onto the Resident's property for the purpose of the Program services. Resident Agrees to waive all claims whether past, present and/or future arising out of the Township's presence on Resident's property for the program.
2. Resident agrees to indemnify and hold Township harmless of any claims for personal and property damage arising out of or because of Township worker's presence on Resident's property while performing Program services at Resident's property.
3. Resident will provide safe work conditions for Program services free of pets, debris, equipment, or any other objects that may cause harm or injury to Township's staff or equipment. Township will attempt to provide service throughout the Program period. If the Program conditions are deemed unsafe by Township's staff on three (3) separate occasions, Resident will be notified in writing and removed from Program service list for a period of one (1) year.
4. That this agreement shall be binding upon heirs, devisees, and personal representatives, successors and assigns of the parties hereto.
5. Except as otherwise provided herein, no representation or warranties, express or implied are made or agreed to be made by either party, except those specifically provided for in this agreement is entered into freely by all parties hereto.

TO MAKE THIS AGREEMENT OFFICIAL SIGN AND DATE BELOW

I, _____ have read and acknowledge the information above.

Resident's Signature

Date

Township's Representative

Date

Note: Please make sure that all Application information is filled out and is complete!

ALL APPLICATIONS MUST INCLUDE THE FOLLOWING BEFORE SUBMISSION:

1. Your Current Photo ID
2. Proof of your mailing address; i.e., Utility Bill (Gas or Electric)

SUBMIT FORM TO:
Jhardy@waukegantownship.com