

**Home Sweet Home
Lawn and Snow Removal Program
ENROLLMENT FORM**

PRINT CLEARLY:

Today's Date: _____

Name: _____ DOB: _____

Address: _____

Phone Number: _____ 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	1 Person	2 Persons	3 Persons	4 Persons
Above Moderate	Over \$39,551	Over \$45,201	Over \$50,851	Over \$56,501
Moderate	\$39,550- \$26,401	\$45,200- \$30,151	\$50,850- \$33,951	\$56,500- \$37,701
Low	\$26,400- \$15,851	\$30,150- \$18,101	\$33,950- \$20,351	\$37,700- \$22,600
Extremely Low	Under \$15,850	Under \$18,100	Under \$20,350	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 wave 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 AND

2. Proof of your mailing address; i.e., Utility Bill, Voter’s Registration Card, etc.

**SUBMIT FORM TO:
sobleton@waukegantownship.com**