

Application for Canopy Care Program

Applications are ranked according to need. Completion of the Application Does Not Guarantee Service Please fill out this application and submit via email to CanopyCareProgram@CharlotteNC.gov or print and return by USPS to the address below:

Canopy Care Application – City of Charlotte 701 Tuckaseegee Rd., Charlotte, NC 28208

OWNER NAM	/IECONTACT NUMBER				
OWNER ADD	PRESS				
ADDITIONAL	OWNER OR AUTHORIZED CONTACT NAME				
ADDITIONAL	OWNER OR AUTHORIZED CONTACT NUMBER				
OWNER EMA	AIL ADDRESS				
	yes or no when prompted and complete all other fields. Incomplete applications will not be If you need help completing the application, please call 980-259-2771.				
Yes / No	Is the property located within the City limits of Charlotte?				
Yes / No	Has the owner lived in the unit for at least 1 year?				
Yes / No	Do you have ownership rights to the property?				
	If Multiple Owners: will all owners agree to the terms of the program? YES NO				
Total Nun	nber of people that live in the house: Of these, how many are:				
Adults ove	er 62: Other Adults: Children (under 6): Children (6-17)				
Full time (college students: Disabled Persons Veterans Disabled Veterans				
Yes / No	Does the owner have Homeowners Insurance (circle one):				
	If no, Why?				
	1) Did not purchase insurance <u>or</u>				
	2) Cannot get the home insured due to the condition of the home				
Please exp	plain your concerns regarding tree(s) on your property:				



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Signature Page

I/we understand that North Carolina Statute provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for income verification related to deciding of my/our eligibility for program assistance by the City of Charlotte or their Partners. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. The City reserves the right to conduct criminal background checks on household members. Criminal convictions may not necessarily disqualify you from the program.

All members of the household over the age of 18 must sign the application below.						
Owner's Signature:	Date:					
Household Member # 2:	Date:					
Household Member # 3:	Date:					
Household Member # 4:	Date:					
How did you hear about the program? Church (name)						
Friend (name) Radio Station (name)						
Community Center (name)						
TV						
Other						

Income Estimate Page

List all income sources before taxes for all household members living in the home. All residents 18 years old and older are subject to a criminal background check before application approval. Attach additional income information using a copy of the application. Additional information may be required.

	Owner	Household Member # 2	Household Member # 3	Household Member # 4
Name	S mile:	nousenola member // 2	Tiouseriola Melinaer ii 3	nousenous member in 4
Wages, Tips, and other compensation				
Social Security Income, Retirement, or pension funds payments				
Unemployment Benefits or Worker's Compensation				
Income from business and/or rental property, stocks, and annuities				
Alimony, Child Support				
Welfare Payments for Rent or Utilities				
Savings /Checking Accounts				
Cash gifts/stipends exceeding \$200 a month, Other Income				
Total Income – indicate per YEAR				