



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 LandscapeManagement@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 NAME _____ CONTACT NUMBER _____

OWNER ADDRESS _____

ADDITIONAL OWNER OR AUTHORIZED CONTACT NAME _____

ADDITIONAL OWNER OR AUTHORIZED CONTACT NUMBER _____

OWNER EMAIL ADDRESS _____

Please circle yes or no when prompted and complete all other fields. Incomplete applications will not be considered. 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 Number of people that live in the house: _____ Of these, how many are:	
Adults over 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 or 2) Cannot get the home insured due to the condition of the home
Please explain 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				
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				