



URBAN DEVELOPMENT

555 South 10th Street, Suite 205 | Lincoln, NE 68508
402-441-7606 | F: 402-441-8711 | urbandev@lincoln.ne.gov



Dear Grant Applicant:

The At-Risk Tree Removal Pilot Program uses the enclosed application and requires submission of the following documents along with your completed and signed application:

1. Copy of your most recent Federal Income Tax Return, not just a W-2 form. It must be a copy of the IRS forms, IRS schedules, and IRS attachments (if you are required to file taxes).
2. If you do not file taxes, a copy of the most recent documentation to verify current income source(s) i.e., paystubs, Social Security Income Letter, Pension Statement, copies of bank statements, etc.
3. Financial Institution or Bank Statement of your current mortgage loan.
4. Each adult (19 years or older) in the household must complete and sign an Attestation form. A parent or guardian must complete and sign the bottom portion of one of the forms for children under the age 19.

It is important you send the requested information with your application to avoid delays in processing your grant application.

If you have any questions regarding completion of your application, please call (402) 441-8209 or email lroberts@lincoln.ne.gov.

Below are the 2021 Annual Income Limits for the Pilot Program.

2021 Annual Income Limits	
Size of Household	Not to exceed
1	\$ 46,200.00
2	\$ 52,800.00
3	\$ 59,400.00
4	\$ 66,000.00
5	\$ 71,300.00
6	\$ 76,600.00

**At-Risk Tree Removal and Replanting Program
City of Lincoln Parks & Recreation
and Urban Development Department
555 South 10th Street, Suite 205
Lincoln, Nebraska 68508
(402) 441-8209**

**AT-RISK TREE REMOVAL AND REPLANTING PROGRAM
GRANT APPLICATION**

Property Address:		Zip code:
Number of Units:	# of Persons in Household:	Years/Months Owned:
Buying on Land Contract: YES NO		

APPLICANT #1				APPLICANT #2		
Name		Birth Date		Name		Birth Date
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed				<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed		
Employer		<input type="checkbox"/> Self Employed		Employer		<input type="checkbox"/> Self Employed
Position/Title		Years/months on job		Position/Title		Years/months on job
Social Security Number	Home Phone	Cell Phone		Social Security Number	Home Phone	Cell Phone
E-mail:				E-mail:		
GROSS MONTHLY INCOME				Use this space to add any additional information regarding household income not already listed. All wage earners must report their income. MUST include copies of most recently filed federal tax return (if you are required to file taxes) or most recent pay stubs (if you are currently employed).		
	Applicant #1	Applicant #2	Another wage-earner			
Wages/Salary	\$	\$	\$			
Social Security Income	\$	\$	\$			
Pension	\$	\$	\$			
Rent	\$	\$	\$			
Other (Describe in the box to the right)	\$	\$	\$			
TOTAL	\$	\$	\$			

Describe the size, condition, and location of tree(s) needing to be removed:

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YOU MUST AGREE AND INITIAL BY THE LINE:

Applicant#1

Applicant #2

• Property owner(s) agree(s) to plant a new tree within one (1) year of removal and maintain it. The Parks and Recreation Department will make the trees available at no cost to property owner(s), provide written instructions regarding planting, maintaining, and establishment of the new tree(s), and assist property owner(s) in selection of a tree species for planting on their property.

• Do you need assistance in planting the new tree? YES NO

• The property owner(s) authorize(s) access to the property by City employees and private contractors for Program purposes, including for assessment of the subject tree(s) to determine eligibility, removal of the tree, and final inspection to ensure completion of the work and replanting. The property owner(s) also authorize(s) before and after photos of tree(s) to be taken for Program documentation.

• All trees pose a degree of hazard and risk from breakage, failure, uprooting, or other causes and conditions. As a service to our communities, and in the interest of protecting our community forests, the pilot program provides a Level 1 - Limited Visual Assessment which identifies obvious tree defects. With this assessment, the inspector cannot detect or anticipate every condition that could lead to tree death and/or structural failure. This is not a complete risk assessment of the tree and should not be construed as a comprehensive risk assessment. Any recommendations made as part of this risk assessment cannot eliminate the risk of tree hazard or failure, especially in the event of extreme weather conditions or other unanticipated impacts to the tree.

• Property owner(s) agree(s) to indemnify, defend, and hold harmless City, its departments, officers, and employees from any and all claims, lawsuits, or liability, including attorney's fees and costs, arising out of, in connection with, or incident to any loss, damage or injury to persons or property, including death, or from any wrongful or negligent act, error, or omission occurring during the course of, or as a result of their performance pursuant to this Program and property owner's(s') participation in the At-Risk Tree Removal and Replanting Program.

• Property owner(s) understand(s) and agree(s) that property owner(s) shall be solely responsible for the tree removal work that Owner selects, hires, contracts for, or utilizes and that any referral list of prequalified licensed arborists provided by City to property owner(s) does not in any way endorse, recommend, or guarantee the performance of said arborist(s). Further, property owner(s) agree(s) that City shall not be liable for any claims, damages or losses caused by the acts or omissions of any arborist or contractor selected, hired, or utilized by property owner(s), or any work performed by property owner, including, but not limited to the failure, in whole or in part, of work or materials provided or performed by any arborist, contractor, or property owner.

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INFORMATION FOR REPORTING PURPOSES AND ALL RESPONSES ARE CONFIDENTIAL

APPLICANT #1

Ethnicity: (select *only one*)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (select *one or more*)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Sex: (select *only one*)

- ☐ Female ☐ Male

APPLICANT #2

Ethnicity: (select *only one*)

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race: (select *one or more*)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Sex: (select *only one*)

- ☐ Female ☐ Male

APPLICANT'S CERTIFICATION

I/We certify that all information and all documentation furnished in support of this application, is given for the purpose of obtaining an At-Risk Tree Removal and Replanting grant and is true and complete to the best of my/our knowledge and belief. I/We intend to occupy the property as our primary residence. You are authorized to check employment history, obtain, and share information from other City departments and with above-mentioned parties.

Applicant #1

Date

Applicant #2

Date

**Please mail or deliver this application to Loren Roberts, Urban Development Department,
555 South 10th Street, Ste. 205, Second Floor, Lincoln, NE 68508, (402) 441-8209**

Funding provided by the Nebraska Forest Service.

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purposes of complying with Neb. Rev. Stat. §§ 4-108 through 4-114, I attest as follows:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act. My immigration status and alien number are as follows:

_____ and I agree to provide a copy of the USCIS (United States Citizenship and Immigration Services) documentation upon request required to verify the Applicant's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States. I understand and agree that lawful presence in the United States is required and the Applicant may be disqualified or the loan/grant terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. § 4-108.

PRINT NAME: _____
(First, Middle, Last)

SIGNATURE: _____

DATE: _____

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To comply with 24 CFR Part 5 §5.216 and §5.508 and Neb. Rev Stat. §§ 4-108-4-114, please provide the following information for your dependents.

Age	Social Security Number	A U. S. Citizen? (Please circle your response)
		Yes or No
		Yes or No
		Yes or No
		Yes or No
		Yes or No

Parent/Guardian