CITY OF LINCOLN NEBRASKA
URBAN DEVELOPMENT
555 South 10th Street, Suite 205 | Lincoln, NE 68508
402-441-7606 | F: 402-441-8711 | urbandev@lincoln.ne.gov
Lincoln Parks & Recreation

Dear Grant Applicant:

The Ash Tree Removal and Replanting 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

2023 Annual Income Limits

Size of Household	Income Limit
1	$53,700
2	$61,400
3	$69,050
4	$76,700
5	$82,850
6	$89,000

Ash 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

****Please note that currently, only ash trees can be removed.**

ASH 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 Is your home paid off? YES NO

APPLICANT #1			APPLICANT #2		
Name		Birth Date	Name		Birth Date
☐ Married ☐ Separated ☐ Divorced ☐ Unmarried ☐ Widowed			☐ Married ☐ Separated ☐ Divorced ☐ Unmarried ☐ Widowed		
Employer		☐ Self Employed	Employer		☐ 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			
	Applicant #1	Applicant #2	Another wage-earner
Wages/Salary	$	$	$
Social Security Income	$	$	$
Pension	$	$	$
Rent	$	$	$
Other (Describe in the box to the right)	$	$	$
TOTAL	$	$	$

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).

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

ASH TREE REMOVAL AND REPLANTING PROGRAM
GRANT APPLICATION
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 program provides an assessment only to determine if the tree at issue is an ash tree. This is not a complete risk assessment of the tree and should not be construed as a comprehensive risk assessment.

  _____ _____

- Property owner(s) agree(s) to indemnify, defend, and hold harmless City, its departments, officers, employees, and funders 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 Ash 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 neither the City nor Program funders shall 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.

  _____ _____

- Property owner(s) authorize(s) the City of Lincoln to use owner's name, statements, image, voice, videos, or likeness for the purpose of promotion or public information without obtaining further consent or without prior knowledge of such use. Owner understands that owner is to receive no compensation of any kind as a result of any publication, recording, broadcast, rebroadcast or other non-broadcast uses thereof. Owner understands that the statements, image, voice, videos, or likeness may be altered as required for publication or distribution. Owner hereby releases and holds harmless the City and Nebraska Forest Service, its successors and assigns and its elected officials, directors, agents, officers, and employees for any violation of any personal or proprietary right or any other claims Owner may have in connection with such use. The City and/or the Nebraska Forest Service shall have ownership of resultant production using Owner's image and shall have the exclusive right to make use of such production as stipulated below: 1. Availability for use in training; 2. Availability for use by the participants in a training course; 3. Availability for viewing in connection with the City and/or the Nebraska Forest Service; 4. Availability for use of Web pages and other Internet sites created or used by the City and/or the Nebraska Forest Service; 5. Availability for use in promotional brochures, newsletters, and other publications of City and/or the Nebraska Forest Service.

  _____ _____

Ash Tree Removal and Replanting Program
City of Lincoln Parks & Recreation
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ASH TREE REMOVAL AND REPLANTING PROGRAM
GRANT APPLICATION
INFORMATION FOR REPORTING PURPOSES AND ALL RESPONSES ARE CONFIDENTIAL

APPLICANT #1

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

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

Sex: ☐ Female ☐ Male ☐ Non-Binary

APPLICANT #2

Ethnicity:
- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

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

Sex: ☐ Female ☐ Male ☐ Non-Binary

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 Ash 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 Unites 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

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PRINT NAME: _____
(First, Middle, Last)

SIGNATURE: _____

DATE: _____

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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