

City of Springfield CHORE Program  
A Home Maintenance Program for Low-Income  
Senior or Disabled Springfield Homeowners

The City of Springfield conducted a pilot program in 1999 providing free home and property maintenance for low-income senior and disabled homeowners. The program was a success and will be continued as a regular City service allowing qualified homeowners up to \$250 per year for the following services provided by licensed and bonded contractors hired and paid by the City:

- |  |   |
|--|---|
| <input type="checkbox"/> Mowing lawns                      | <input type="checkbox"/> Washing windows              |
| <input type="checkbox"/> Raking leaves                     | <input type="checkbox"/> Trimming shrubs & trees      |
| <input type="checkbox"/> De-mossing roofs and walkways     | <input type="checkbox"/> Cleaning up after windstorms |
| <input type="checkbox"/> Cleaning gutters                  | <input type="checkbox"/> Hauling yard debris          |
| <input type="checkbox"/> Other Safety/Maintenance concerns |   |

The program is funded by a Community Development Block Grant from the Department of Housing and Urban Development. Participation will be first-come, first-served and based on available funds.

**Qualifications for the program are as follows:**

- Springfield residents who own their home and land within the City Limits and don't have their home up for sale.
- Total household income not exceeding these guidelines:

1 Person Household      \$20,150    **OR**    2 Person Household      \$23,000

- And:

**62 years of age or older living alone or with their spouse OR Certified disabled individuals.**

**To Sign Up:**

If you meet the above qualifications please complete the attached application form and submit along with the required documentation as discussed below.

**Verification of Income or Disability**

**We are required to determine the eligibility of persons who apply for services. A part of that process includes verification of household income or disability of applicants. Please complete and sign the enclosed application, the Consent of Disclosure form, and attach any substantiating documents of income from each of your income sources.**

Documents of income may include pay slips, check stubs, notes from persons for whom you have worked, award letters or statement of benefits from Social Security (or other programs such as vocational rehabilitation, Veterans Administration, Senior and Disabled Services, etc.) unemployment claim determination, copies of pension checks, etc.

You can obtain an award letter from the Social Security Administration by calling their toll free number: 1-800-772-1213.

**Documents of disability can include statements of benefit determination from Social Security or other programs such as vocational rehabilitation, Veterans Administration, or a letter from your Senior and Disabled Services caseworker, etc.**

Please note that applications cannot be processed without verification of income or disability.

City of Springfield, Housing Programs Division  
225 5<sup>th</sup> Street, Springfield OR 97477  
736-1039

**APPLICATION  
CITY OF SPRINGFIELD  
CHORE PROGRAM**

Property Address \_\_\_\_\_ ZIP \_\_\_\_\_ Phone: \_\_\_\_\_

Provide the following information for each household member (If there are more than two (2) household members you will not be eligible for the CHORE Program). List the primary contact person first:

NAME	DATE OF BIRTH	SEX	*RACIAL GROUP	*ETHNIC GROUP	IF HANDICAPPED OR DISABLED DESCRIBE CONDITION	INCOME AMOUNT
_____	__/__/__	_____	_____	_____	_____	_____
_____	__/__/__	_____	_____	_____	_____	_____
_____	__/__/__	_____	_____	_____	_____	_____
_____	__/__/__	_____	_____	_____	_____	_____

\*Racial Group Code: white, black/African American, American Indian/Alaskan Native, Asian, Hawaiian/Pacific Islander  
Ethnic Group Code: Hispanic, Non Hispanic

ASSETS*	CURRENT VALUE	
		*Net family assets include the equity on real property (other than home resided in), savings, bonds, stocks, and other forms of capital investments. The value of personal property, such as furniture and family automobiles, is to be excluded.
Cash in Banks	\$	
Value of Real Estate Owned	\$	
Cash Value of Life Insurance	\$	
Value of Stocks/Bonds (List at right)	\$	
Other (Describe at right)		
<b>Total Assets</b>	<b>\$</b>	

Dwelling Type: Manufactured Home ( ) Single family ( ) Duplex ( ) Multi-family ( )

Year Built: \_\_\_\_\_

Dwelling is Owned ( ) Rented ( ) – If rented, please complete:

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_

I am aware that the benefits available under this program are based upon household size and estimated income limits. I certify the information contained in the CHORE Application to be true and accurate, to the best of my knowledge. I understand that Title 18, Section 1001 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

I understand that the City of Springfield will use the information I have provided to determine my household eligibility for the CHORE Program.

\_\_\_\_\_  
Signature of Applicant

CITY OF SPRINGFIELD  
DEVELOPMENT SERVICES II

Housing Rehabilitation Program  
225 North 5<sup>th</sup> St  
Springfield, OR 97477  
726-2358

INCOME VERIFICATION  
CHORE PROGRAM

As an applicant for the CHORE Program it is necessary for you to submit verification forms concerning your gross annual income of all members residing within the household.

Indicate which of the following categories describes your income sources and attach appropriate information (more than one category may apply).

( ) EMPLOYED

1. Income – Submit most recently completed, signed and dated federal income tax return.
2. Rental Income – List address and rental income verification
3. Business Income – Submit a complete signed and dated federal income tax return indicating operating expenses, business income, etc.

( ) RETIRED

1. Social Security Income – Contact 1-800-772-1213 to receive social security benefit verification. Submit copy.
2. Pension and Veteran's Benefits – Submit written verification from each prospective agency.

( ) ASSISTANCE

1. Alimony and Child Support Payments – Submit verification of amount received per month and divorce documents indicating alimony and support agreements.
2. Welfare and Other Assistance – Submit written verification from each prospective agency.

**Please Note: APPLICATIONS CANNOT BE PROCESSED WITHOUT VERIFICATION OF INCOME**

