



Charter Township of Royal Oak  
21131 Garden Lane  
Ferndale, MI 48220

**OLSHA - Senior Chore Program  
Application**

1. Applicant's Name \_\_\_\_\_
2. Applicant's Address \_\_\_\_\_
3. Applicant's Phone No. \_\_\_\_\_
4. Applicant's Email Address \_\_\_\_\_
5. Applicant's Age \_\_\_\_\_
6. (a) Home Owner ☐  
(b) Tenant ☐
7. Annual Income \$ \_\_\_\_\_

What chores are you interested in having done? Lawn Care (grass cut)

- (a) Remove bushes
- (b) Cleaning Gutters
- (c) Small house repairs
- (d) Plumbing
- (e) Others \_\_\_\_\_

Submit application to: Sandra Thomas, Pearl Wright Seniors Center, Room #209,  
21131 Garden Lane, Ferndale, MI 48220.

Need assistance call: **Sandra Thomas (248) 547-9803**  
**Nancy Newton (248) 547-9801**

**Application Form for  
American Rescue Plan Act Funds (ARPA)  
Yard Services for Royal Oak Township Resident Home Owners**

Please circle services requested: Grass and Yard Remediation (June 2024-Oct 2024) snow (Nov 2024-March 2025)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Household Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Household Resident Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone Number: \_\_\_\_\_ Total Number of persons in household: \_\_\_\_\_

\_\_\_\_ I certify that I am a person who is 62 years or older and that I live at and own the above address.

Or

\_\_\_\_ I certify that I am under age 62, but I meet the HUD definition of a severely disabled adult and that I live at and own the above address. (Submit signed doctor's note verifying that you are severely disabled and copy of driver's license or other proof of age and residency.)

As a recipient of Yard Services, funded by ARPA Funds, I declare the total monthly gross household income from all household residents (including renters) and sources is: \$ \_\_\_\_\_

**APPLICANTS CERTIFICATION:** The applicant certifies that all information in this application, and all information furnished in support of this application is for the purpose of receiving yard services for the improvement of the above mentioned property, and that these statements are true to the best of the applicants' knowledge and belief.

**PENALTY FOR FALSE OR FRAUDULENT STATEMENT:** U.S.C. title 18, Sec. 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies...or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing, or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years, or both."

I hereby fully indemnify and hold harmless the OLHSA board, staff administration, Royal Oak Township, and assigns from all expenses and liability of any kind which may arise out of or in connection with the performance of the Royal Oak Township ARPA Yard Services program. I give my consent to release information about myself, which may be necessary to secure services, follow-up assistance, and that emergency information can be shared and/or emergency contacts notified in the event of an emergency. I understand that I have the right to cancel, in writing, this release of information consent at any time except to the extent that Royal Oak Township has already acted upon it.

I understand that I will not receive services paid for by ARPA funds until this paper and the verification documents are received. I further understand that Royal Oak Township has the right to terminate the services at the subject location if deemed dangerous or otherwise problematic for contractors or Township administration staff.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE

Mail application and required documents to: Royal Oak Township, 21131 Garden Lane, Ferndale, MI 48220c/of Ms. Sandra Thomas, Royal Oak Township Senior Center, Email: sthomas@royaloaktwp.com





NEIGHBORHOOD  
& HOUSING DEVELOPMENT

2025

# INCOME LIMITS

ESTABLISHED BY THE U.S. DEPARTMENT OF  
HOUSING & URBAN DEVELOPMENT

## COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Persons Per Household	Extremely Low-Income (30%)	Very Low-Income (50%)	Low-Income (80%)
1	\$21,250	\$35,350	\$56,600
2	\$24,250	\$40,400	\$64,650
3	\$27,300	\$45,450	\$72,750
4	\$30,300	\$50,500	\$80,800
5	\$32,750	\$54,550	\$87,300
6	\$35,150	\$58,600	\$93,750
7	\$37,600	\$62,650	\$100,200
8	\$40,000	\$66,700	\$106,700

(Effective 6/1/2025)

Oakland County's housing and community  
development programs are funded by the U.S.  
Department of Housing and Urban Development (HUD).





## step #2

# SCOPE OF SERVICES

The next step is to incorporate the communities' input and demonstrated need into determining which types of yard services you will offer and how your program should be structured. Consider the options and associated decisions below as you are determining the scope of services you will offer.

### Lawn Mowing

- To what height do you want the grass mowed (3 inches for grass health or shorter to spread out frequency of service)?
- How often will you mow in season (weekly, bi-weekly, or as dictated by the amount of rain)?
- Will you provide weed whipping on driveways and other walkways?
- Will you provide edging?
- What is the maximum size yard to be mowed? (Up to 1 acre, 2 acres, or more; this may mean only the portion surrounding the home and driveway of large yards will be mowed.
- Will you provide only the minimum work done to prevent a code violation or a more broad level of service?
- Will you provide participants with this service for the whole season or limit the number of mows?

### Snow Removal

- When will the snow removal be provided? After the snow stops falling or while the snow is still falling?
- Does this change when large storms are predicted so that the contractor can stay ahead of the storm?
- How many inches of snow must accumulate before you authorize the removal? (2 inches? 3 inches?)
- If the snow starts melting, does the contractor stop plowing when snow melts to under 2 inches?
- What is the maximum length and width of driveways that will be plowed?
- Does the service include snow removal on sidewalks, porches, walkways to the driveways, access to and from the home, mailbox and garage?
- Will you provide the clients this service for the whole season or limit the number of plows?

### Gutter Cleaning

If offered, will you provide this once or twice a year?

### Bush/Tree Trim & Removal

If included, will you perform this task in the fall, in the spring, or in both seasons?

### Yard Cleanup

If proposed, will you clean up the fall leaves or provide spring cleanup before lawn mowing or both?

**TIP:** These service categories are all eligible CDBG service types and can be continued when CDBG funds your program after the pilot period.

**Consideration:** We recommend providing lawn mowing and snow removal for the whole season for enrolled clients so that you can establish a plan that is consistent and less labor intensive for all involved. It can be challenging to add and remove households to serve though out the season. Additionally, the senior household can rest assured that their lawn or driveway will be maintained all season without the possibility of having to identify a service provider when they have reached their maximum number of plows or mows.



## step #4

# PARTICIPANT ELIGIBILITY

## Prioritization Criteria

How will you prioritize applicants? Will you create an acuity scale that measures certain factors to assure that those most in need (most elderly, lowest income) are enrolled first if demand exceeds your resources?

**Consideration:** Will you require proof of income or allow participants to self-declare? CDBG allows for self-declaration for income but requires a driver's license or state ID verifying age. CDBG also requires a letter certifying serious physical disability from the participant's physician if the person is under age 62.

**Tip:** If you plan to continue your program using CDBG funds in the future you may wish to align your eligibility criteria with the CDBG program. They are as follows:

- Applicants must own the home and reside there
- Applicant must be age 62 or older, or be severely physically disabled (with proof of disability provided by a doctor)
- Income must be under 80% of AMI (income list provided by HUD)
- **Income is for all persons living at the address (including any renters)**

<i>Criteria</i>	<i>Minimum Oakland County ARPA Requirements</i>	<i>Proof Required</i>	<i>CDBG Requirements</i>	<i>Proof Required</i>
age	62 and over	Self-certify	62 and older	Driver's license or state ID
Physical disability	Severely disabled adults under 62	Self-certify	Severely disabled adults under 62	Physician letter
income	80% AMI	Self-certify	80% AMI	Self-certify
Home ownership	None	N/A	Senior must own	Self-certify
Home residency	None	N/A	Senior must reside but allows hospital or rehab stays	Self-certify



## step #4

# PARTICIPANT ELIGIBILITY

The next step is to finalize your eligibility criteria and establish priorities. Federal grants such as ARPA or CDBG will dictate the qualification requirements, and the only flexibility you will be afforded is to impose stricter guidelines; for example, CDBG allows service to those 62 and older but you may restrict service to those 65 and older. In order to offer services to households that do not meet grant guidelines but still have demonstrated need, you may wish to supplement your program funding with general funds, private grants, or a private pay option.

1

**Age:** What minimum age will you establish?

2

**Disability:** Will you also serve disabled adults under minimum age? (see Disabled Adult Template 1b) Will you prioritize older adults and only serve disabled adults if there is capacity left after all seniors have had a chance to enroll?

3

**Income:** What income criteria will you institute? Will you offer a private-pay option with a sliding fee scale for those who do not meet income criteria?

4

**Home Ownership:** Will you require that the senior owns the property? Will you allow seniors who rent the property but who have legal responsibility for lawn maintenance to be served?

5

**Home Residency:** Will you require that applicants must live in the home during service season.

6

**Household Composition:** If able-bodied adults aged 18 or older reside at the home, will the applicant be able to receive services? Types of able-bodied adults: renters, family members who can't afford to live on their own, children over age 18, but mainly in school, paid or unpaid caregivers of the homeowner. If you exclude applicants who have other adults living in their homes, how do you do this equitably?

7

**Transfer of Services:** Can services be transferred to an eligible household member in case of enrolled client death?