



Tree Removal Financial Assistance Program Application

The City of Rochester has federal funding within the CDBG Program to cover 100% of the costs associated with removing hazardous trees for qualified property owners. To qualify, the applicant must meet the following requirements:

- The Parks & Recreation Department identified a high-risk tree on the property.
- The property is owner-occupied.
- The gross household income of everyone in the household over the age of 18 is at or below 80% of the area median income (AMI)
- The application must be submitted within the 20-day violation notice time frame.

If approved, the Parks & Recreation Department will work directly with a contractor to have the marked tree(s) removed. If denied, the applicant will be required to hire a contractor to remove the marked tree(s).

Applicant Information:			
Name:			
Street Address:			
City:	State:	Zip:	
Email:	Phone:		

Household Information:
Number of Adults Living in the Home:
Number of Children Living in the Home:
Gross Annual Household Income:

HUD Income Limits to Qualify for Program:		Race/Ethnicity Reporting:
Size of Household	Annual Income	Ethnicity (Select One) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Racial Categories (Select All That Apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
1	\$65,650	
2	\$75,000	
3	\$84,400	
4	\$93,750	
5	\$101,250	
6	\$108,750	
7	\$116,250	
8	\$123,750	

Please include a copy of your most recent IRS Form 1040 with this application for income verification purposes. If you no longer file federal income taxes, please provide a copy of your Social Security Benefit Statement.

I certify that the information provided above is true and I understand that any false information provided could result in the dismissal of this application for assistance.

Applicant Signature: _____ Date: _____

*Applications and income documentation should be submitted to **Adam Froke** in the Rochester Community Development Department at **4001 West River Parkway NW, Suite 100, Rochester, MN 55901**. Adam can be reached at **507-328-2641** or **afroke@rochestermn.gov**.*