



CITY OF FLORISSANT

HAZARDOUS RESIDENTIAL TREE REMOVAL PROGRAM



Trees cannot be assessed until area until early to mid-May when trees are fully leafed out.

Program Introduction

The Hazardous Residential Tree Removal Program aids Florissant residents facing severe hazards related to trees that are **dead**. Tree hazards can lead to costly consequences; therefore, preventing severe damages through proactive measures is important.

The goal of this program is to provide up to \$3,000 of residential tree removal assistance to low to moderate income residents.

Eligibility

In order to be considered for the Hazardous Tree Removal Program, the following criteria must be met:

The applicant must:

- Be the fee simple owner and occupant of the single family residence
- Have no pending bankruptcies
- Have resided in the dwelling for at least two years prior to application
- Be a first-time participant in the program
- Be current on mortgage payments and real estate taxes

The address must:

- Be located within the City of Florissant and not in a floodplain
- Have no outstanding federal, state or city tax liens

Household income:

The total gross income of all members of the household age 18 or over must not exceed these limits, which are established by HUD:



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<u>Household Size</u>	<u>Income</u>
One-Person	\$57,800
Two persons	\$66,050
Three persons	\$74,300
Four persons	\$82,550
Five persons	\$89,200
Six persons	\$95,800
Seven persons	\$102,400
Eight persons	\$109,000

Program Procedure

Application Process

To start, call the Office of Community Development at 314-839-7680 to discuss the eligibility of your household and the hazardous tree. If your household and the tree in question are found eligible for the program, you may then opt to complete and apply to the Community Development Office located at 1055 Rue St. Francois Florissant, MO 63031. Once submitted, the application and all included documents will not be returned to you. For this reason, submit only copies of documents, and retain the originals for your records.

Preliminary Acceptance & Site Assessment

You will receive notification of acceptance into the Hazardous Residential Tree Removal Program. At this time the Office of Community Development will contact the residential tree service provider to obtain a price quote.

The maximum amount of funding a homeowner may receive is \$3,000. If the quoted price exceeds that amount, the homeowner must pay the overage upon receipt of invoice.

Once the work is agreed upon by the homeowner, Community Development Office, and tree service provider, a date for removal will be scheduled.

Work Completion

Once a work date is set, the yard will need to be prepared by the homeowner and the work area cleared for the workers to safely complete the job. The homeowner is welcome to be present on the day the work is completed, but it is not required.

Tree service workers will do everything in their power to leave the yard and surrounding landscape in good condition. However, unique situations such as the required use of special equipment, may leave tracks or damage to grass or surrounding landscaping. This is unavoidable and is the responsibility of the homeowner to remedy. If this is a concern, please contact the Community Development Office for a more in-depth conversation about the specific aspects of the property and work being completed.



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Inspection of Work

The Office of Community Development will schedule an inspection of the work following completion to ensure all hazards were fully abated. Attendance by the homeowner at this inspection is mandatory.

Payment

Once the work has passed inspection by a City of Florissant inspector, an invoice should be sent to the Community Development Office for direct payment to the contractor. If the homeowner agreed to any portion of the costs, confirmation of the payment of that portion is required prior to final payment by Florissant.

The undersigned applicant hereby represents that they have read and understands the program guidelines.

Applicant's Signature

Address

Date

Co-Applicant's Signature

Address

Date

Community Development Director

Date

The City of Florissant shall ensure that decisions affecting applicants to the Residential Tree Service Program are made without regard to their race, color, religion, sex, national origin, age, disability, or any other protected status.



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HOUSEHOLD INFORMATION

Applicant's Name _____

Address _____ Zip Code _____

Phone: Home _____ Work _____

Cell Phone: _____

Email _____

Please check each category below that applies to a member of your household:

U.S. Citizen _____ Legalized Alien _____ Illegal Alien _____ Disabled _____

List all household members living at your address, including yourself:

FAILURE TO INCLUDE A HOUSEHOLD MEMBER

WILL RESULT IN A DECLARATION OF INELIGIBILITY FOR THE PROGRAM

Name (First, Middle, Last)	Social Security #	Age	Relationship to Applicant	Gender	Race/ Ethnicity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is your home located in a floodplain? _____

Do you have any past or pending bankruptcy? _____

Are the real estate taxes on this property paid to date/current? _____

Are there any federal, state or local tax liens on the property? _____



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Are all loans (i.e. first mortgage, second mortgage, home equity, etc.) that are secured by this real property paid to date/current? _____

How did you find out about the program? _____

Are you a first-time participant in the program? _____

When is the best time to contact you? _____

Please describe the hazard posed by the tree you are applying for assistance for:

Please describe the location of the tree on your property:

Do you give permission for the city's contracted tree service provider to visit your property during daytime hours to provide the Community Development Department with a site-specific assessment? (circle one): Yes or No

Would you like your contact information provided directly to the tree service provider for scheduling and communication purposes? (circle one): Yes or No

The City of Florissant shall ensure that decisions affecting applicants to the Hazardous Residential Tree Removal Program are made without regard to their race, color, religion, sex, national origin, age, disability, or any other protected status.

The undersigned declare that the information which has been given is true and complete to the best of their knowledge.

Applicant's signature

Address Date

Co- Applicant's signature

Address Date

Community Development Director

Date



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DECLARATION

The undersigned acknowledge that participation in the Hazardous Residential Tree Removal Program is voluntary.

The undersigned hereby apply for participation in the Hazardous Residential Tree Removal Program as administered by the City of Florissant and agree to provide the City with the information requested on the Household Information Form and all other information requested by the City. Falsification of any of the requested documentation will result in elimination from the program.

The undersigned hereby understands that the program assistance may not cover full cost of tree related hazard abatement.

The undersigned further agree to comply with all program conditions, including, but not limited to, compliance with all applicable federal, state, county and/or city requirements pursuant to the Housing and Community Development Act of 1974, as amended.

The undersigned hereby authorize the City to obtain the documents necessary for participation in the Hazardous Residential Tree Removal Program, including title information, income verification, etc.

The undersigned affirm and acknowledge that any misrepresentation of material facts or the failure to produce any requested information may result in a declaration of non-eligibility or a termination of continued participation in the program and a consequent denial of any and all benefits.

The undersigned further represent and warrant that the information that has been given is true and complete to the best of their knowledge.

The City of Florissant shall ensure that decisions affecting applicants to the Hazardous Residential Tree Removal Program are made without regard to their race, color, religion, sex, national origin, age, disability, or any other protected status.

The undersigned further affirm and acknowledge that they have been notified of and understand their rights and responsibilities as applicant/s for the Hazardous Residential Tree Removal Program.

Homeowner's Printed Name

Address

Homeowner's Signature

Date

Homeowner's Printed Name

Address

Homeowner's Signature

Date

City of Florissant Representative

Date



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RELEASE

This release is made and entered into this _____ day of _____, 2024 by and between _____, hereinafter referred to as “the Owner” of the property located at _____, and the City of Florissant (hereinafter referred to as “the City”).

In consideration of the Owner’s voluntary participation in the City’s Hazardous Residential Tree Removal Program, the Owner hereby releases and agrees to indemnify and hold harmless the City, its agents, employees, contracted service providers and officers from all claims, damages or causes of action (including reasonable attorney’s fees) caused by or arising in any manner from the Owner’s participation in the City’s Hazardous Residential Tree Removal Program.

I/We, the Owner/Owners, have read and understand this release. I/We execute it voluntarily and with full knowledge of its significance the day and year written above.

Homeowner’s Signature

Date

Homeowner’s Signature

Date

Community Development Director

Date



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Landscape Repair Policy

Tree service providers conduct themselves by best practices, always intending to leave the yard and surrounding landscape in the best condition possible condition. However, unique situations such as the required use of special equipment, may leave tracks or damage to grass or surrounding landscaping. This is unavoidable and is the responsibility of the homeowner to remedy. The city nor the contractor are liable for yard or landscape corrections.

I/We, the Owner/Owners, have read this policy and understand in some situations the yard, grass, and surrounding landscaping may be affected or damaged in the process of tree servicing. Any and all damage of this nature is the responsibility of the homeowner to remedy.

I/We execute this affidavit voluntarily and with full knowledge of its significance the day and year written below.

Homeowner's Signature

Date

Homeowner's Signature

Date

Community Development Director

Date



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CHECKLIST

Completed and Signed Forms:

- Program Overview Signature Page
- Household Information
- Declaration
- Release
- Landscape Repair Policy

Supporting Documentation:

- Copy of the most recent federal income tax return with all schedules and attachments for everyone over 18 in the household or IRS Letter 1722
- Proof of all sources of income:
 - Child support letter or proof of no child support
 - Divorce decree
 - Interest and/or dividend statements (1099s required)
 - Pension statement
 - Annuities
 - Social Security statement
 - Unemployment compensation
- Proof of ownership: General Warranty Deed, Special Warranty Deed or Quit Claim Deed (A deed of trust is not proof of ownership)
- Copy of a driver's license or state ID
- Copy of your most recent paid property tax receipt
- Proof of paid homeowner's insurance
- Copy of your most recent loan statement showing you are up to date on payment

THE ABOVE DOCUMENTS MUST BE INCLUDED WITH THIS APPLICATION. (IF APPLICABLE) FAILURE TO SUBMIT REQUIRED DOCUMENTATION MAY RESULT IN A DECLARATION OF INELIGIBILITY FOR THE PROGRAM.

ALL DOCUMENTS SUBMITTED BECOME THE PROPERTY OF THE CITY OF FLORISSANT COMMUNITY DEVELOPMENT OFFICE.