



Cheyenne and Arapaho Housing Authority

2026 Elder Lawn Care Service Application for Services

(Please Print Clearly)

Applicant name: _____ DOB: _____

Age: _____ Gender: M F C&A CDIB: _____

Email: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Is this also your mailing Address? Yes _____ No _____

Are you disabled? Yes _____ No _____ Are you a Veteran? Yes _____ No _____

Message #: _____ Contact #: _____

Directions to home:

Guidelines

1. Applicant must be an enrolled Cheyenne and Arapaho tribal member elder.
2. Copy of CDIB
3. Proof of residency - Current Utility bill **under applicants name.**
4. Must be 55 years of age or older.
5. Applicant must reside in the home which lawn care services are requested and be within the 11 county service area.
6. Cheyenne and Arapaho Housing Authority is not held responsible for any claims of damages or injury to property or persons.
7. Lawn Care Services Contractor is not responsible for picking up debris in yard before cutting.
8. **DID NOT RECEIVE** a lawn mower in 2024 from the Housing Authority.

I hereby acknowledge and agree to the above guidelines for the 2026 Elder Lawn Care Service.

Applicant Signature

Date

Return completed application and documents to: Cheyenne and Arapaho Authority 2100 Dog Patch Rd, Clinton, OK 73601

Fax: (405)422-8299

Email: anlonebear@cheyenneandarapaho-nsn.gov