Cheyenne and Arapaho Housing Authority

2026 Tree Removal

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 homeownership - Tittle or deed to home **under applicant's name.**
4. Applicant must reside in the home which Tree removal services are requested and be within the 11-county service area.
5. Cheyenne and Arapaho Housing Authority is not held responsible for any claims of damage or injury to property or persons.
6. This will be **a one-time assistance** 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