TOWNSHIP OF MAPLE SHADE SENIOR PROPERTY MAINTENANCE ASSISTANCE PROGRAM - 2026

2026 Resident Application

Applications Must Include a Copy of Your Driver's License and a Recent Utility Bill to be Considered

Program Requested: (check all that apply)

☐ Snow Shoveling Assistance ☐ Grass Cutting Assistance

Resident Information – Print Neatly and Legibly

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email (if applicable): _____

Date of Birth: _____ (Must be 65+)

Household Information

Do you live alone?

☐ Yes ☐ No

Are there any able-bodied individuals living in the home?

☐ Yes ☐ No

Do you have a medical or physical condition that prevents you from performing these tasks?

☐ Yes ☐ No

If yes (optional):

_____

_____

Please turn over

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Property Details

Type of Home:
☐ Single Family ☐ Twin

I Have a Working:
☐ Lawn Mower ☐ Weed Eater

Areas needing assistance – for Snow Removal: *(check all that apply)*
☐ Front Walkway ☐ Front Steps
☐ Sidewalk ☐ Other: _____
☐ Small Lawn Area

Is the property fenced?
☐ Yes ☐ No

Are there any pets on the property?
☐ Yes ☐ No

If yes, please describe: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Acknowledgment & Release

I understand that this program is volunteer-based and services are not guaranteed. Assistance is provided based on availability, weather conditions, and program capacity.

I acknowledge that the Township of Maple Shade, its officials, employees, and volunteers shall not be held liable for any injury, loss, or damage related to participation in this program.

Signature: _____ Date: _____

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Office Use Only

Date Received: _____ Approved: ☐ Yes ☐ No

Assigned Volunteer: _____ Group: _____

Notes: