Lawn Care Agreement

( ) I agree to pay the Housing Authority $ per month, due the first day of each month, for the next twelve (12) months beginning on and ending , for the mowing and care of my lawn. I understand that if I decide to mow my yard before the twelve (12) months are up, I will not be refunded any of the money I have paid for this purpose.

( ) I agree to mow and care for my own yard. I understand that if I do not mow and maintain my yard as agreed and the Housing Authority has to mow it for me I will be charged $ each time it is mowed.

( ) Because of age or disability, I am physically unable to perform this activity and therefore, according to federal statute, am eligible to receive lawn care from the Housing Authority free of charge.

Resident

Executive Director

Date