

**COVERT TOWNSHIP SENIOR MILLAGE
CHORE SERVICE AND HOME REPAIR
QUALIFICATION APPLICATION**

First Name: _____ Last Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Do you own the property: _____ Yes _____ No

Do you live at the property all year round: _____ Yes _____ No

Do you pay Covert Township property Taxes: _____ Yes _____ No

Are the taxes in your name: _____ Yes _____ No

What work are you requesting: _____Chore Service _____Home Repair

I have read the Minimum Service Standards for Chore and Home Repair services. I understand that no immediate family member (father, mother, daughter, son, daughter-in-law, or son-in-law) of the homeowner shall be billable.

Signature: _____ Date: _____

COMPLETE, SIGN AND RETURN TO COVERT TOWNSHIP OR EMAIL: OFFICE@COVERTTWP.COM

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OFFICE USE ONLY:

Residence Verified By: _____ Date: _____