



Code Compliance and Health
 Field Services Division
 City of Pharr
 308 W Park Ave
 Pharr, TX. 78577
 Phone: (956) 402-4222

Property Maintenance Assistance Program Application

Name: _____ Phone No. _____

Location Address: _____

By signing this agreement, I agree to the program guidelines that have been provided to me by the City of Pharr Code Compliance Division.

Check **all** that apply:

- That I am 65 years of age or older, reside within the city limits of Pharr **OR** on a fixed income.
- Disabled, handicapped or otherwise physically incapable of taking care of my yard.
- I reside in the home and do not have any immediate family in the City of Pharr.

- 1) As part of the City’s Property Maintenance Assistance Program, Development Services Department coordinates with employees and skilled volunteers to support and assist property owners by offering mowing services and removing trash and debris from private property.
- 2) The undersigned, referred to as “Owner” herein, represents that they are the owners(s) of real property (the “Property”) located at above-mentioned location.
- 3) By signing this form, the owner wishes to receive the benefits of the Property Maintenance Assistance Program, and in consideration of the benefits, the owner grants permission to City employees and volunteers to access the property to provide the necessary services to said property.

GUIDELINES:

- **APPLICATION MUST BE SUBMITTED AND APPROVED PRIOR TO SERVICES BEING PROVIDED.**
- **ONLY ONE (1) APPLICANT WILL BE SELECTED PER EVENT FOR SERVICES, ON A FIRST COME FIRST SERVE BASIS.**
- **DEADLINE TO SUBMIT WILL BE THE 1ST FRIDAY OF EVERY MONTH TO BE CONSIDERED FOR THE NEXT SCHEDULED EVENT.**

PERMISSION

I hereby give the City of Pharr and volunteers, permission to enter Property for the purpose of removing trash and debris. I hereby indemnify and hold harmless the City of Pharr from any and all claims arising out of or in connection with the event known as “Property Maintenance Assistance Program”. I affirm under penalty or perjury that the above information is true and correct. Additionally, I acknowledge that there are no concealed hazards on the property and that volunteers will have safe access to the areas necessary to remove the trash and debris.

 Property Owner Signature

 Date

***** FOR OFFICIAL CITY OF PHARR USE ONLY*****

Application received by: _____ Date: _____ Date of Service: _____
 Approved by: _____ Date: _____ Lot Size: _____

Services Needed (to be determined by Code Official):
 Lawn Services Debris Removal