



# GROWING GARDENS

<b>OFFICE USE ONLY</b>	Garden Type	<input type="checkbox"/> IG	<input type="checkbox"/> DA	<input type="checkbox"/> GA	<input type="checkbox"/> CG
Date Received _____	Entered on WL _____				
Landlord Permission _____	Site Visit/Lead Test _____				
Neighborhood/Organizer _____					

## Application for the Home Gardens Program

Growing Gardens values your privacy and will make every effort to ensure information provided remains confidential.

_____		_____
First Name	Last Name	Date
_____		_____
Street Address		Apt. #
_____	_____	_____
City	State	Zip
_____		_____
Email		<input checked="" type="checkbox"/> I don't have email

Do you rent or own your home?  Rent\*  Own

*\*If renting, your landlord **MUST** complete the attached permission form. Your application will not be considered complete until we have received this form.*

### Verification of Income Eligibility

Staff only: Income Qualified?		
Yes	No	Initials: _____

The Home Gardens program serves low-income individuals and families. We use the same guidelines as the Federal Supplemental Nutrition Assistance program or 185% of the Federal Poverty Level.

Household Family Size	Monthly	Annually
1	1,967	23,606
2	2,658	31,894
3	3,349	40,182
4	4,039	48,470
5	4,730	56,758
6	5,421	65,046
7	6,111	73,334
8	6,802	81,622
9	7,493	89,910
10	8,183	98,198

Total household members:  
# Children (0-6): \_\_\_\_\_ (7-17) \_\_\_\_\_ # Adults (18+): \_\_\_\_\_

Total household income\*: \_\_\_\_\_

Yearly / Monthly (circle one)

(\*Please include pre-tax income for all members of the household)

What is the primary language spoken at home? \_\_\_\_\_

Do members of your household speak other languages? If yes, what \_\_\_\_\_

### How did you hear about Growing Gardens?

School _____	Community Event _____
<input checked="" type="checkbox"/> Friend/Family _____	<input checked="" type="checkbox"/> Health Clinic _____
<input checked="" type="checkbox"/> Social Media _____	<input checked="" type="checkbox"/> Other _____

**What type of garden would you like to apply for?** (Please check only one)

**In-Ground Garden:** Our biggest garden, and the type most gardeners receive. We dig two 4x8 foot garden beds into the soil, and add compost, minerals and mulch that plants need to grow. It does not have a wood frame. We build these gardens in fall and spring.

**Community Garden Plot:** Growing Gardens can refer you to the closest community garden and assist you with the application and scholarship process. Community garden plots are subject to availability.

**Containers:** Designed for apartment residents and others who don't have yard space for an in-ground garden. We provide five-gallon plastic containers filled with a soil mix. You can put them on a sunny balcony, driveway or patio. We distribute container gardens in spring.

**Disabled Accessible Raised Garden\*:** One 4x8 foot, 2-foot-high wood-framed raised bed with a bench around the edge, so you can work sitting down. We only build this type of garden for Gardeners who have a physical disability or other health issue that prevents them from using an in-ground garden. We build disabled accessible gardens in spring.

*\*Due to limited resources there is a longer wait-list for disabled accessible raised garden beds.*

**Please check if you are physically unable to garden in an in-ground garden bed.**  
*Please explain your accessibility needs below:*

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**Please tell us why you would like to be in the Home Gardens program:**

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***I certify that all of the information above is true and correct.***

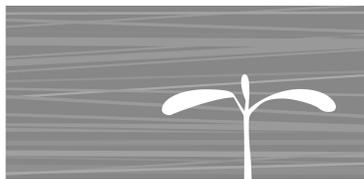
\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE SIGNED

**Please return the application to:**

Growing Gardens  
3114 SE 50<sup>th</sup> Ave.  
Portland OR 97206

*\*After receiving your application and landlord permission, your name will be added to your neighborhood's waitlist in the order that it was received. We will contact you to schedule a site visit when your name has reached the top of the list and we are able to enroll you in the program.\**



# Landlord Permission Form

## GROWING GARDENS

Dear landlord/property manager,

Growing Gardens is a local non-profit dedicated to helping people grow their own food. Our Home Gardens program works with individuals and families to build vegetable gardens, providing three years of free supplies, classes, and mentorship.

I am writing today to ask for your support in helping us build healthy communities. One of your tenants, \_\_\_\_\_ living at \_\_\_\_\_ has applied to be part of our program. We require written landlord permission in order to install garden bed(s) (see types below).

If you would like to grant permission for garden bed(s) to be installed at your property, please initial and sign the form below and return to 3114 SE 50<sup>th</sup> Ave. Portland OR 97206. You may also scan and email it to emily@growing-gardens.org. Please do not hesitate to call if you have any questions.

Sincerely,

Rashae Burns  
Home Gardens Director

Please initial all that apply:

\_\_\_\_\_ I agree to the installation of one 4'x8'x24" disabled accessible garden box.

\_\_\_\_\_ I agree to the installation of two 4'x 8' in-ground garden beds.

\_\_\_\_\_ I agree to the installation of three to five 5-gallon garden containers.

As the landlord/property manager of \_\_\_\_\_, I represent that I have the authority to initial and sign this Letter of Permission authorizing the garden installation by Growing Gardens.

**COVID:**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date