



# Washington County Harvest of Hope Community Garden Application

For office use:	
<input type="checkbox"/>	Assigned Plot # _____
<input type="checkbox"/>	Waiting List

Complete both sides and return to:

**Washington County Harvest of Hope**  
PO Box 902  
Marietta OH 45750

Personal [to be filled out by primary applicant]	
Name	Birth Date
Address	
Telephone (    )	Cell Phone (    )
Email	

<input type="checkbox"/>	I am applying for a plot in:
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- Hart Street Garden                       Harmar Garden
- I am a returning gardener and would like to return to the same plot.                      Plot # \_\_\_\_\_ [if known]
- I am a returning gardener and would like a different plot. **[Please check your plot preference below.]**
- I am new to the Community Garden or have not gardened there for more than one year.  
**[Please check your plot preference below.]**
- Full size garden plot [approx. 12' x 25']                       Low raised bed [approx. 4' x 8']
- Half size garden plot [approx. 12' x 12']                       High/accessible raised bed [approx. 4' x 8' x 2'h]

*Information from the Household sections will be used by Harvest of Hope to determine priority status for plot assignment. It may also be used, in summary, when applying for funding or promoting the gardens. **No individual information will be shared.***

Household
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Number of adults 65+ \_\_\_\_\_                      Number of adults 18-64 \_\_\_\_\_                      Number of children 0-17 \_\_\_\_\_

Monthly Household Income [Please check one]
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- \$ 0 - \$ 1005                       \$ 1706 - \$ 2050                       \$ 2746 - \$ 3095                       \$ 3796 +
- \$ 1006 - \$ 1355                       \$ 2051 - \$ 2400                       \$ 3096 - \$ 3445
- \$ 1356 - \$ 1705                       \$ 2401 - \$ 2745                       \$ 3446 - \$ 3795

I or someone in my Household: [Please check all that apply]
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- Receives government assistance                       Has a medical need for access to fresh food
- Recently became unemployed                       Would like the opportunity to meet other people
- Cannot work                       Would like to learn more about gardening
- Is retired                       Would like to spend less on groceries

**How will you use the produce from your garden plot?: [Please check all that apply]**

- Feed myself and my family  
 Can/freeze/preserve

- Share with friends and neighbors  
 Donate to Harvest of Hope

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**HOH Community Garden Policy**

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**Assigning Plots**

1. Individuals shall complete an application for a garden plot each year.
2. Low-income individual/family will take priority for available garden plots-particularly if living in the adjacent neighborhood and plot assignment will be made in order of application submittal date.
3. Plot size will be determined by the Garden Coordinator and be based on the number of low-income family applicants. Applicants should expect the plot size to vary from year-to-year.

**Unassigned Plots**

1. Unassigned plots will be assigned to higher income applicants based in order of application submittal date.
2. If there are more applications than plots, the applicants will be placed on a waiting list in order of application submittal.
3. If a gardener abandons a plot and wants to re-enter the garden plot assignment list, this gardener moves to the bottom of the waiting list for his/her income level.

**Tools, Plants and Supplies**

1. As funds are available, Washington County Harvest of Hope will provide tool replacement as needed in the community garden sheds.
  - a. Supplies, such as tomato stakes, and lawn mowers are considered tools. Gardeners will be requested to return them to the garden sheds at the end of each season or after use.
2. As funds are available, plants, seeds and supplies will be provided to low-income gardeners by the Organization. If there are excess plants and seeds, these will be made available to all gardeners on request.

**Gardening Education**

1. It is required that a gardener will attend the gardening class or meet with the Garden Coordinator before planting his/her garden.

*Adopted 1/17/2012 Revised 5/27/2014*

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I understand that neither Washington County Harvest of Hope nor the owners of the land are responsible for my actions. Therefore, I agree to held harmless Harvest of Hope and the owners of the land for any liability, damage, loss or claim that occurs in connection with use of the garden by me or any of my guests.

I certify that, to the best of my knowledge, the information I have provided is complete and correct. I have read the Garden Policy and agree to its terms.

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*Applicant signature*

*Date*