



2016-2017 Disabled/Senior Citizen Snow Removal Program

It's almost time for the snow to fly! Enclosed is an application for the 2016-2017 Senior/Disabled Citizen Snow Removal program. Please fill it out and return along with proof of income. Your 2015 1040 Tax Form (front page) or your W-2 for 2015 will suffice. We will also need proof of age (driver's license or passport). You must be 65 years or older to qualify. Some medical issues may qualify you for assistance with written documentation from a physician.

We use the low/moderate income as the cut-off point for eligibility:

1 person	\$31,200	5 persons	\$48,150
2 persons	\$35,650	6 persons	\$51,700
3 persons	\$40,100	7 persons	\$55,250
4 persons	\$44,550	8 persons	\$58,850

You can mail the form in to Village Hall, fax the form to 330-562-9548, or stop by and drop it off at Village Hall.

Driveways will be plowed after Reminderville roadways have been cleared for motorists and determined to be safe for passage. There are no guaranteed times when your snow removal service will be done. We ask that you please be patient and courteous. This is not a state-funded program or grant. If you have questions, please feel free to call me at 330-562-1234.

Sincerely,

Stacey Task
Administrative Assistant

Application for Senior/Disabled Citizen Snow Removal

Name _____

Street Address _____

Phone # _____

Are you a senior citizen (65 years or older) _____ Senior citizen

and/or

a person with a physical or cognitive disability? _____ Disabled

If you are applying to qualify as a senior citizen, please state your date of birth:

_____/_____/_____

(Please provide proof of age.)

If you are applying to qualify as a disabled person, please indicate the nature of the disability: _____

(Please provide medical certification indicating that you have a physical or cognitive limitation which prohibits you from removing snow.)

Are you qualified for the income eligibility? _____ Yes _____ No

(Please provide a 2015 tax form.)

Signature _____ Date _____

Senior Citizen Applicant

I, _____, hereby certify that I am _____ years of age, not gainfully employed, that there is no other person residing with me capable of removing snow and that all of the information supplied by me in this application is true. If this application is accepted by the Village of Reminderville, I agree that the Village of Reminderville, its officers, employees, and contractors have full permission to come upon my premises at the address indicated on front, for the purpose of plowing snow therefrom and I further forever and completely release and discharge the Village of Reminderville, its officers, employees, and contractors from all liability, claims, demands, damages, actions and causes of action whatsoever which I might otherwise have or enjoy as a result of the Village of Reminderville providing the snow plowing services for which I have hereby applied. I further understand and agree that the snow removal program may be discontinued at any time the Village of Reminderville deems necessary and that there shall be no liability or claims arising to the Village of Reminderville as a result of the discontinuance of such program. I have read and understand the requirements and rules of the Village's Senior/Disabled Snow Removal Program and agree hereby to abide and be bound by same.

Witness

Signature of Applicant

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Disability Applicant

I, _____, hereby certify that I am disabled, not gainfully employed, am unable to remove snow because of my disability. I further certify that there is no other person resides with me capable of removing snow and that all of the information supplied by me in the application is true. If this application is accepted by the Village of Reminderville, I agree that the Village of Reminderville, its officers, employees, and contractors have full permission to come upon my premises at the address indicated on front, for the purpose of plowing snow therefrom and I further forever and completely release and discharge the Village of Reminderville, its officers, employees, and contractors from all liability, claims, demands, damages, actions and causes of action whatsoever which I might otherwise have or enjoy as a result of the Village of Reminderville providing the snow plowing services for which I have hereby applied. I further understand and agree that the snow removal program may be discontinued at any time the Village of Reminderville deems necessary and that there shall be no liability or claims arising to the Village of Reminderville as a result of the discontinuance of such program. I have read and understand the requirements and rules of the Village's Senior/Disabled Snow Removal Program and agree hereby to abide and be bound by same.

Witness

Signature of Applicant