



Silver Lake 2018-2019 Driveway Snow Removal Program



The program is available to residents who are permanently disabled or 65 years of age or older.

AND

The total household income does not exceed the following amounts:

Income information obtained from HUD at www.huduser.gov FY 2018 Income Limits Documentation System – Summary for Summit County, Ohio

Household	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Income **	\$41,000	\$46,850	\$52,700	\$58,550	\$63,250	\$67,950	\$72,650	\$77,300

** Income is defined as including, but not limited to: pension, social security benefits, interest and dividends, etc.

The Village reserves the right to request federal tax information to validate income.

Other requirements:

- ◆ Residents are not eligible for this service if an able-bodied adult who would not otherwise qualify for this program on his/her own live in the household.
- ◆ Must reside in the home all year long.
- ◆ Driveway must have a hard surface such as concrete or asphalt.
- ◆ Property owner must provide adequate markers to outline driveway.
- ◆ Program will run November 15, 2018, to April 15, 2019, providing funding is available.
- ◆ Snow removal will be completed when snowfall exceeds three (3) inches.
- ◆ Driveways will be serviced a maximum of one time in a 24-hour period.

The Village reserves the right to cancel or alter snow removal services if the total cost of the program exceeds \$5,000 in any one year.

Please print:

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Others in Household:

Name: _____ Date of Birth: _____ Relationship: _____

Name: _____ Date of Birth: _____ Relationship: _____

Is the applicant applying as a Senior Citizen? Yes No

Is the applicant applying as a Disabled Citizen? Yes No If "Yes" please indicate disability

Please complete other side

Silver Lake 2018-2019 Snow Removal Program

SENIOR CITIZEN:

I _____ hereby certify that I am _____ years of age, that I meet the household income requirements listed on this application, that there is no other person residing with me who is 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 Silver Lake, I agree that the Village of Silver Lake, 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 there from and I further forever and completely hold harmless and release the Village of Silver Lake, 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 Silver Lake providing the snow plowing services for which I have applied. I further understand that the snow removal program may be discontinued at any time by the Village of Silver Lake and that there shall be no liability or claims arising to the Village of Silver Lake as a result of the discontinuance of such program. I agree to comply with all applicable federal and local requirements, policies and administrative procedures. I have read and understand the requirements and rules for the Village's Senior/Disabled Driveway Snow Removal Program and agree to hereby to abide and be bound from same.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

Signature of Applicant

Date

DISABLED CITIZEN:

I _____ hereby certify that I am disabled, that I meet the household income requirements listed on this application, that there is no other person residing with me who is 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 Silver Lake, I agree that the Village of Silver Lake, 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 there from and I further forever and completely hold harmless and release the Village of Silver Lake, 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 Silver Lake providing the snow plowing services for which I have applied. I further understand that the snow removal program may be discontinued at any time by the Village of Silver Lake and that there shall be no liability or claims arising to the Village of Silver Lake as a result of the discontinuance of such program. I agree to comply with all applicable federal and local requirements, policies and administrative procedures. I have read and understand the requirements and rules for the Village's Senior/Disabled Driveway Snow Removal Program and agree to hereby to abide and be bound from same.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I have read and agree to adhere to all the qualifying requirements to participate in the Driveway Snow Removal Program.

Signature of Applicant

Date

*Please return signed application to: The Village of Silver Lake
2961 Kent Road
Silver Lake, OH 44224-3098*

VILLAGE USE ONLY	Date Received _____	Approval _____
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