



NATURALLY BEAUTIFUL *Ohio*

Senior Snow Plow Income Verification Form

Self Declaration of Household Income

The **Total Household Income** received in the past twelve months. I understand that “income” means all of the money received by anyone in my household which includes:

- | | |
|--------------------------|----------------------------|
| *Gross Payroll (pre tax) | *unemployment Benefits |
| *Workers Compensation | *Social Security Income |
| *Child Support | *Alimony |
| *Inheritance | *Pensions/Annuity Payments |

I verify the income of the household is less than \$60,000/year, and qualify for the service at a \$75 charge for the year. If the application is received by November 30th, a \$25 discount will be applied.

OR

I verify the income of the household is less than \$32,000/year and qualify for the service at NO CHARGE if the application is submitted by November 30th. After November 30th, a \$75 charge will be applied.

I verify that all statements on this form are true and correct. I realize that I can be held liable under Federal and/or State law for making knowingly fraudulent or false statements. In addition, further use of city services may be terminated at the discretion of administration.

CITY OF TWINSBURG, OHIO

MUNICIPAL SNOW REMOVAL AGREEMENT

USE OF THE CITY OF TWINSBURG MUNICIPAL PROPERTY/PERSONNEL, AND/OR OTHER FACILITIES IS SUBJECT TO ALL PERTINENT STATE AND FEDERAL LAWS. TWINSBURG CODIFIED ORDINANCE, STATE FIRE CODE OTHER STATUTORY PROVISIONS.

_____ OF _____
(Print Name) (Address)

IN CONSIDERATION OF PARTICIPATION IN THE CITY OF TWINSBURG SNOW REMOVAL PROGRAM HEREBY AGREES AS FOLLOWS:

1. The City of "Twinsburg, its elected or appointed officials, and all other of its agents, employees, and representatives shall be HELDTOTALLY HARMLESS FROM ALL LIABILITY for any damages or injuries to persons or property due to participation in the above referenced program; and the above-named and undersigned party, and his or her heirs, successors, assigns, or agents, in consideration of the services to be provided by the city under this program, agrees to fully reimburse the city for any and all legal expenses that it might be required to incur as a result of any such claim damages or injuries.
2. All parties residing at the above address are over 65 years of age, meet financial considerations as outlined in the ordinance, and/or have a SERIOUS medical incapacitating handicap. Proof of age and/or serious incapacitating handicapped condition shall be presented in person to the Parks and Recreation Department for a final determination as to qualifications for participation in the program.
3. **All parties residing at the above address intend to be in the city throughout the winter months; or will immediately notify the Parks and Recreation office in the event such plans are changed.**
4. Snow removal, as set forth herein, shall not take place unless there is an accumulation of at least three (3) inches of snow upon the area to be plowed. It is further recognized and agreed that all highways and streets within the city will be maintained prior to consideration of any snow removal under this program,
5. **Applicants must sign up for the snow removal service each year.**

BY SIGNING BELOW I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL TERMS OF THE ABOVE STATED AGREEMENT.

Date: _____ Phone# _____ Birth date: _____
Spouse's Birth date: _____

Type of Driveway: Gravel* _____ Concrete _____ Asphalt _____

*The owner of a gravel driveway acknowledges that it is likely that the gravel will be displaced over the course of plowing and further acknowledges that the City will NOT be responsible for replacing or repairing the displaced gravel. (Initial _____)

Signature of Applicant _____

FINANCE:

FEE: \$50/\$75 (Circle One)

Check # _____ Credit Card _____ Cash _____ No Charge _____

ADMINISTRATION:

Approved: ___ Denied: ___ Reason for denial: _____

_____ Date: _____

Twinsburg

NATURALLY BEAUTIFUL *Ohio*
Senior Snow Plow Information Sheet

Qualifications:

1. I understand and agree that I am 65 and older, no able bodied person under 65 years of age resides at the same address and that I do not belong to any homeowners' association.

Signed _____

OR

2. Per medical professionals I have a physical or mental handicap and receive annually a net income of less than \$15,000. No able bodied person under 65 years of age resides at the same address and that I do not belong to any homeowners' association.

Signed _____

Guidelines: *(Please initial each statement confirming your understanding)*

1. Accumulation of snow reaches approximately **3 inches**. _____
2. Driveways SHALL NOT be cleared more than **once in a 24 hour period**.

3. Driveways shall be cleared only after all city streets have been cleared to the satisfaction of the Director of Public Services. _____
4. **Applicant is responsible for driveway markers**, which shall be visible from the cab of the snow plow vehicles. _____
5. There shall be no side or overhead driveway obstructions which may interfere with snow removal. _____
6. Applicants who own a gravel driveway acknowledge that the gravel will be displaced during the course of plowing and the **City will not repair or replace any displaced gravel**. _____
7. Applications must be received by Nov. 30th to receive the \$25 discount. _____
All applications received after November 30th will be charged \$75.

***The City is not responsible for any damages incurred during snow plow removal.
(Ex. Gravel shifts, grass damage, etc...)***

Mayor's Office

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Est 1817