



**2020-2021 HINCKLEY TOWNSHIP
EMERGENCY SNOW REMOVAL APPLICATION**



Homeowner's Name: _____

Address: _____, Hinckley, Ohio 44233

Phone #: _____

() New Application () Renewal of Service | Contractor Name: _____

Are you a **“Senior Citizen”** defined as **sixty-five (65) years of age or older**? Yes () No ()

AND/OR

Are you a **Disabled Person as defined in the “Americans with Disabilities Act of 1990” 42 U.S.C. 12102?**

Yes () No ()

Please mark the appropriate box (**see attached sample for determining your total income**):

- I reside in a 1-person household with a 2019 total income of \$25,520.00 or less.
- I reside in a 2-person household with a combined 2019 total income of \$34,480.00 or less.
- I reside in a 3-person household with a combined 2019 total income of \$43,440.00 or less.

*Guidelines are based on incomes at or below two hundred percent of the federal poverty level.

A copy of the 2019 Federal Tax Form 1040 for each adult member of the household is required as proof.

Type of driveway () Concrete/Asphalt () Gravel/Limestone () Please check if driveway exceeds 200 ft.

I, the undersigned agree to the following conditions:

- I live at the above listed address and am sixty-five (65) years or older or disabled as defined in the “Americans with Disabilities Act of 1990” 42 U.S.C. 12102.
- I am the owner of the single-family dwelling listed above.
- I have marked above the 2019 total income for all adult members of the household.
- I hereby release the Township of Hinckley, the HFD Community Benefit Fund, Inc., its servants, agents and employees from any and all liability and/or property damage arising out of the removal of snow from the driveway at the residence listed above.
- I understand that my driveway will only be plowed when a significant snow accumulation occurs.
- I understand that the driveway will only be plowed once in a 24 hour period.
- I understand that the Township of Hinckley, the HFD Community Benefit Fund, Inc. or its contractor(s) shall not be liable for damage to driveways, curbs, lawns or spring clean up of debris due to winter plowing.
- **I understand that as the property owner I must personally contact and provide the contractor with a voucher and will not abuse the program by requesting service in order to achieve the perception of occupancy while away. Vouchers remitted under these circumstances WILL be denied and payment for service shall become the responsibility of the property owner.**

Please be prepared to provide proof of the information above, upon request. Failure to comply with the above conditions may result in the immediate and permanent removal from the program.

My signature confirms that I do agree with all the provisions of this contract:

Signature: _____

Date: _____

OFFICE USE ONLY	
Date Received	_____
Income Verified	_____
Vouchers Mailed	_____