



CITY OF Cuyahoga Falls

Mayor Don Walters
Development Department
2310 Second Street
Cuyahoga Falls, Ohio 44221
www.cityofcf.com

2021-2022

Senior Snow Removal Program Application

Please Print

Name of Homeowner _____ DOB ____/____/____

Address _____ Age _____

Home/Cell Phone _____

Name of everyone residing in this household	Relationship to applicant	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

My driveway is concrete or asphalt. Yes No

Income qualification – Single Household - \$44,900 (annual gross)
Two Person Household - \$51,300 (annual gross)
Three Person Household - \$57,700 (annual gross)

You must provide the following documentation:

- Submit proof of age (driver’s license, state identification card or birth certificate)
- Proof of Homeowners Insurance. (The current declarations page only.)
- Current pay stubs for all those working in the household over 18 years of age. Two months worth.
- SSI, most current statement or letter dated January 2021 providing monthly or yearly amount received.
- Disability, most current statement or letter providing monthly or yearly amount received.
- If applicable, provide a letter from your physician documenting your disability.
- Pension, most current statement or letter providing monthly or yearly amount received.
- Checking statements, three (3) most recent.
- Savings statements, three (3) most recent.
- Certificate of Deposit, three (3) most recent.
- Assets, and Investments etc., statements three (3) most recent.
- Self Employed – provide the three (3) most recent income tax returns.

Supplying false information will result in unaccepted participation

I have read and agree to adhere to all the qualifying requirements to participate in the program. (Initial box as acknowledgement)

I, _____, hereby certify that all of the information supplied by me in this application is true. If the application is accepted by the City of Cuyahoga Falls, I agree that contractors hired by the City have my full permission to come upon my premises at the address indicated on the application for the purpose of snow removal. I further forever and completely release and discharge the City of Cuyahoga Falls, its employees and contractors from all liability, claims, damages, actions and causes of action whatsoever which I might otherwise have or enjoy as a result of the City providing snow plowing services at no cost to me for which I have hereby applied. I further understand and agree that the City may discontinue the snow removal program at any time and that there will be no liability or claims arising to the City as a result of discontinuance of this program. I have read and understand the requirements and rules of the City's Senior Snow Removal Program and agree hereby to abide and be bound by the same.

Signature of Applicant(s)

Date

