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

2026-2027
Senior Snow Removal Program Application

Due to limited program funding, the first one hundred (100) qualifying applications (including required documentation) will be accepted beginning Tuesday, September 1, 2026.

The Applicant MUST be the owner of record for the property. The City of Cuyahoga Falls will confirm the same with the Summit County Fiscal Office.

Applicants must also be current on the following:

Federal, State, and Local Taxes (If applicable)
County Property Taxes
City Utilities

Please Print

Name of Homeowner_____ DOB _____/_____/_____

Address_____ Age_____

Home/Cell Phone _____

My driveway is concrete or asphalt. ☐ Yes ☐ No
(Brick and gravel driveways are ineligible)

I am current on my Federal, State, and Local Taxes? ☐ Yes ☐ No

I am current on my County Property Taxes? ☐ Yes ☐ No

I am current on my City utilities? ☐ Yes ☐ No

The Department of Housing and Urban Development requires documentation to show proof of your age or disability (if eligible).

- ☐ Submit proof of age (driver's license, state identification card or birth certificate)
- ☐ Submit proof of Homeowners Insurance. (Current declaration page only.)
- ☐ Under age 65, provide a letter from your physician documenting your disability.

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

_____

Signature of Applicant(s) Date