

2023-24 Senior Snow Removal Program APPLICATION

HOUSEHOLD INFORMATION:

Name _____
 Address _____
 Zip Code _____ Birth Date _____
 Phone(s) () _____ () _____
 Email _____

ELIGIBILITY:

_____ I am 65 years of age or older
 _____ I live alone _____ I have other household members *

_____ I am under the age of 65 and disabled
 _____ I live alone _____ I have other household members *

_____ I have attached a current doctor's letter confirming the disability of each household member under age 65

* Please list other household member(s):

Name	Relationship	Birth Date

COST:

There will be a charge of \$150 for the season, per senior household, for the snow removal service. Checks payable to "Village of Brooklyn Heights" or exact amount of cash will be accepted. There will be a discount for any senior that has been approved for the current year Federal HEAP program and the cost will be \$60. Proof of participation in the HEAP program must be submitted in the form of your current year acceptance letter and/or a copy of a current gas bill with the HEAP discount listed. The discount will be applied once your HEAP acceptance letter is received.

I release the Village, its servants, agents and employees from any liability or damage whatsoever which may arise from the snow removal service at the above noted property. I have read and understand the program outline. I certify that the above information submitted is true and accurate.

Resident's Signature _____ Date _____

IF RENTING, Signature of Homeowner Required:

Homeowner's Signature _____ Date _____

Department Use Only:

Date Received _____ Amount Rec'd _____ Ck # / Cash _____
 HEAP Verified _____ CSD Approval _____ Computer _____