

Orange Village

Application for Snow Removal Services

	Year:
OHIO	(Application must be completed annually)
Date of Application:	Phone:
Applicant's Name:	Spouse's Name:
Applicant's Address:	
Applicant's Date of Birth:	Spouse's Date of Birth:
Ordinances, to provide snow household income from all sou have no able bodied person resof age or over or (2) physicauthorized to request additicompliance with program requ	epartment is authorized, by Chapter 935 of the Codified removal services to residents who have an annual arces/all people living in the home of less than \$27,180, siding in the residence and are: (1) sixty-five (65) years cally or medically handicapped. Orange Village is it information as may be needed to determine uirements.
Resident owner of family Applicant is over age 65 application) Applicant is disabled or a disability and certifying a must be provided with th No individual under age address with physical dis and certifying that snow provided with the applicat Total annual gross HOU	y dwelling Occupant of family dwelling (copy of birth certificate must be provided with the medically handicapped (a doctor's letter indicating that snow removal could be dangerous to the applicant he application). 65 reside at this address. Individuals under age 65 at this sability shall include a doctor's letter indicating disability removal could be dangerous to the applicant must be

The following individuals reside at my address:

Name of resident	Age	Source of Income	Gross Annual Income

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PROOF OF INCOME (REQUIRED: Attach copies f	for each member of the household):
Social Security current annual benefits letter or	r copy of most current 1099 form
Copy of your Federal Income Tax Return, incl	uding all schedules attached
Please note: interest and dividend earnings, rental incogross social security income (not taxable portion) are it gross household income.	
APPLICANT AND EACH ADULT RESIDENT (READ AND SIGN THE FOLLOWING STA	
I/we hereby certify that the information contained in to the best of my/our knowledge. I/we authorize Oran necessary financial information and employment as ide	nge Village to obtain verification of
I/we understand that the falsification of any informat documentation submitted as part of this application permanent ineligibility for snow plowing services reimburse the Village for costs incurred.	on shall result in immediate and
The undersigned hereby agree(s) that in consideration be provided by Orange Village: he/she/they will hold he its officials, employees and agents from any and all sarise as a result of snow plow removal services rendered for his/her/their convenience and waive any claim on he Village services.	armless and release Orange Village, uits, claims or damages which may d on the premises of the undersigned
Applicant's Signature	Date:
Signature (adult resident of household)	Date:
Signature (adult resident of household)	Date:
For Orange Village use Only	Date/Initial
Application received by:	
Snow removal service approved by:	
Applicant notified	