



# Senior Assistance Program Application (September 1, 2022 – August 31, 2024)

Program Applying For: **Mowing Assistance**  **Leaf Removal**  **Snow Removal**

**Please Print**

Name of Home Owner \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

Home/Cell Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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

Do you have a home health aid come to the house?  Yes  No

I am a:  Home Owner  Home Renter – If yes, attach lease  
 My home is a:  Single Family  Duplex  
 My driveway is:  Concrete  Asphalt  Gravel

### Income Eligibility

Household Size	1	2	3	4	5	6	7	8
<b>Gross Income**</b>	\$45,950	\$52,500	\$59,050	\$65,600	\$70,850	\$76,100	\$81,350	86,600

\* Income limits are adjusted annually by HUD      \*\* Before Taxes

Proof of income for the past three (3) months is required from **everyone** living in the household to verify Federal program eligibility. Examples include but are not limited to:

- Current pay stubs for all those working in the household over 18 years of age. Three (3) most recent pay stubs.
- SSI - Most current statement or letter providing monthly or yearly amount received from all those living in the household
- Disability - most current statement or letter providing monthly or yearly amount received from all those living in the household
- Pension - most current statement or letter providing monthly or yearly amount received from all those living in the household
- Most recent income tax return(s) from all those living in the household. If self-employed, three (3) most recent tax returns.

In addition to income documentation above, please provide:

- If less than 65 years old, a letter from your physician documenting your disability.
- Proof of age (Driver's license, state ID or birth certificate)

**Demographics\* (Please check appropriate Boxes)**

<input type="checkbox"/> Black – African American	<input type="checkbox"/> White
<input type="checkbox"/> Black – African American & White	<input type="checkbox"/> Asian
<input type="checkbox"/> American Indian / Alaskan Native	<input type="checkbox"/> Asian & White
<input type="checkbox"/> American Indian / Alaskan Native & White	<input type="checkbox"/> Native Hawaiian – Other Pacific Islander
<input type="checkbox"/> American Indian / Alaskan Native & Black	<input type="checkbox"/> Other - Multiracial
Are you Hispanic or Latino?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you the Female Head of Household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

\*Not required to fill out. The above is just for statistical purposes.

I/we, \_\_\_\_\_(applicant(s) name), hereby certify that all of the information supplied in this application is true. If the application is accepted, I/we, \_\_\_\_\_ (applicant(s) name) and \_\_\_\_\_ (home owner, if rental property) agree that contractor(s) hired by the County have my/our full permission to come upon the premises at the address indicated on the application for the purpose of yard mowing, leaf removal and snow removal and salt treatment on drive and egress walkway to/from the house. I further forever and completely release and discharge the County its employees and contractors from all liability, claims, damages, actions and causes of action whatsoever which I/we might otherwise have or enjoy as a result of the County providing public services at no cost to me for which I have hereby applied. I further understand and agree that the County may discontinue the public service programs at any time and that there will be no liability or claims arising to the County as a result of discontinuance of this program. I understand that my application and supporting documentation will stay on file for three (3) years from grant close out by the State of Ohio. I/we have read and understand the requirements and rules of the Programs and agree hereby to abide and be bound by the same.

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

I/we (home owner(s)) have read and agree to adhere to all the qualifying requirements for the tenant to participate in the program. (Initial box as acknowledgement)

\_\_\_\_\_  
Signature of Applicant(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Home Owner(s) if Rental Property

\_\_\_\_\_  
Date

