

# COMMUNITY PARTNERSHIP ON AGING

Application for snowplow service in the city of Lyndhurst



## APPLICANT INFORMATION

Last Name		First Name		Date	
Street Address					
City		State		ZIP	
Phone		E-mail Address			
Birth Date		Emergency Contact Name			
Emergency Contact Phone Number					
I certify I am the owner of the home	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Do you <b>expect to</b> be absent from the home for more than one week between November 15, 2015 and April 15, 2016.	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
My driveway is:	Asphalt/concrete <input type="checkbox"/>	Gravel <input type="checkbox"/>	Other <input type="checkbox"/>		

Description of driveway:

Who did you use to provide plowing services last winter? (if you did not use a service, please describe how you handled snow removal:

## HOUSEHOLD INFORMATION

Names and Ages of others living in the home:

Name:		Birth Date:	
Name:		Birth Date:	
Name:		Birth Date:	

## HOUSEHOLD INCOME (LIST INCOME OF ALL HOUSEHOLD MEMBERS)

**Driver's License or State ID and tax returns will be required from each household member as a part of the application process.**

Name		List sources of ALL income (i.e. pension, social security, IRA, etc)	
		TOTAL amount of monthly income	
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**CIRCUMSTANCES YOU WOULD LIKE US TO CONSIDER:**


**TESTIMONIAL**

I hereby declare that the above information is true and accurate.

Signature

Date

Each year the snowplow service is offered, a complete application should be submitted prior to the published deadline to:

Community Partnership on Aging  
 1370 Victory Drive  
 South Euclid, OH 44121  
 Attn: Lyndhurst Snowplow Program  
 Fax: 216-291-0773  
 Email: [contactus@communitypartnershiponaging.org](mailto:contactus@communitypartnershiponaging.org)

Once the application has been received, a Community Partnership on Aging staff member will contact you to schedule an appointment to visit your home. **Identification and income information about ALL household members must be available at the time of the scheduled visit.**