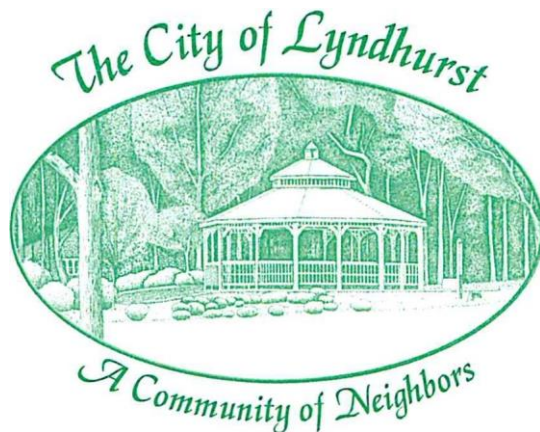


Patrick A. Ward
Mayor



5301 MAYFIELD ROAD
LYNDHURST, OHIO
44124
(440) 442-5777
FAX (440) 442-5812
wardp@lyndhurst-oh.com

Dear Lyndhurst Neighbor:

The snowplow assistance program through the Community Partnership on Aging and The City of Lyndhurst offers eligible homeowners a partial reimbursement of \$125.00 toward their signed and paid 2017-2018 snow plow contract.

In order to be eligible for reimbursement, the applicant must be a resident of Lyndhurst age 70 or older, own their home in which they permanently reside, and be considered low income. An applicant is not eligible if there is a planned absence of more than one week during the winter months (Between November 15, 2017 and April 15, 2018) or if there is an able-bodied person living in the home. Once your application has been approved, you will be given instructions on how to submit your paid snowplow invoice to receive the partial reimbursement.

If you believe you meet the requirements and are interested in applying for this assistance, please complete the following application and return it to the address below, no later than Monday, November 6. Once your application has been reviewed, we will contact you with your award status by Monday, November 13, 2017.

If you have any questions about the program or the application, you can contact the Community Partnership on Aging at (216) 291-3902.

Community Partnership On Aging



Application for partial reimbursement for snowplow services

The Community Partnership on Aging and the City of Lyndhurst shall provide partial payment reimbursement for snow removal service to those who qualify and are approved for the 2017-18 season

APPLICANT INFORMATION			
Last Name:		First Name:	Date:
Street Address:			
City:		State:	Zip:
Phone:	E-mail Address:		
Age:		Birth Date:	
Emergency Contact Name & Phone Number:			
I certify I am the owner of the home:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you expect to be absent from the home for more than one week between November 15, 2017 and April 15, 2017:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HOUSEHOLD INFORMATION			
Names and Ages of others living in the home:			
Name:		Age:	Birth Date:
Name:		Age:	Birth Date:
HOUSEHOLD INCOME (LIST INCOME OF ALL HOUSEHOLD MEMBERS)			
<i>Driver's License or State ID and tax returns may be required from each household member as a part of the application process.</i>			
Yourself:		TOTAL amount of monthly income:	
Name:		TOTAL amount of monthly income:	
Name:		TOTAL amount of monthly income:	
CIRCUMSTANCES YOU WOULD LIKE US TO CONSIDER:			
TESTIMONIAL			
Supplying false information will result in unaccepted participation.			
I certify that all the information supplied in this application is true and accurate. I understand that I qualify for partial reimbursement of \$125.00 providing all required reimbursement materials are submitted. I further understand and agree that Lyndhurst is solely providing reimbursement and is in no way responsible for any of the negotiated terms, potential damages or liabilities between the applicant and chosen snowplow company. I have read and understand the requirements and rules and hereby agree to abide and be bound by the same.			
Signature:			Date:

Please return completed application by November 6th, 2017 to:

Community Partnership on Aging
 1370 Victory Drive
 South Euclid, OH 44121
 Attn: Lyndhurst Snowplow Program
 Email: contactus@communitypartnershiponaging.org