

Snow Plow Reimbursement Program

The City of Lyndhurst and the Community Partnership on Aging announce a snow plow reimbursement program for older residents of the city. This program offers eligible homeowners a reimbursement of \$62.50 toward their signed and paid 2021-2022 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 have a monthly income of \$2,147 for a single person household, \$2,903 for a two person household. An applicant is not eligible if there is a planned absence of more than one week during the winter months (between November 15, 2021 and April 15, 2022) or if there is an able-bodied person living in the home.

If you believe you meet the requirements and are interested in applying for this assistance, please complete the attached application and return it to Community Partnership on Aging, no later than October 29, 2021.

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 2021-2022 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, 2021 and April 15, 2022:	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)					
Driver's License or State ID and tax returns may be required from each household member as a part of the application process.					
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 \$62.50 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 October 29, 2021 to:
Community Partnership on Aging
1370 Victory Drive
South Euclid, OH 44121
Attn: Lyndhurst Snowplow Program
Email: contactus@communitypartnershiponaging.org