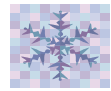


**2024-2025 MONTVILLE TOWNSHIP  
EMERGENCY SNOW REMOVAL APPLICATION**



Homeowner's Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, Ohio 44\_\_\_\_\_

Phone #: \_\_\_\_\_

Are you a "Senior Citizen" defined as sixty-five (65) years of age or older? Yes ( ) No ( ) **OR**  
 Are you a Disabled Person as defined in the "Americans with Disabilities Act of 1990" 42 U.S.C. 12102?  
 Yes ( ) No ( )

Please mark the appropriate box: ALL residents filing a Tax Form 1040 must be included.

- I reside in a 1-person household with a 2023 total income\* of \$30,120\*\* or less.
- I reside in a 2-person household with a combined 2023 total income\* of \$40,880\*\* or less. P2
- I reside in a 3-person household with a combined 2023 total income\* of \$51,640\*\* or less. P2
- I reside in a 4-person household with a combined 2023 total income\* of \$62,400\*\* or less. P2

\*Total income includes wages, pensions and annuities, IRA distributions and social security benefits of ALL legally addressed residents of the subject property.

\*\*Guidelines are based on incomes at or below two hundred percent of the 2024 Federal Poverty Level.

P2 – See page 2 and complete required information.

**A copy of your 2023 Federal Tax Form 1040 (for viewing only) required - The application fee is \$75.00. Application deadline is December 20, 2024 at 10:00am.**

Type of driveway ( ) Concrete/Asphalt ( ) Gravel/Limestone

**I, the undersigned, agree to the following conditions:**

- I (We) live at the above listed address and am sixty-five (65) years or older or disabled as defined in the "Americans with Disabilities Act of 1990" 42 U.S.C. 12102.
- I (We) am the owner of the single-family dwelling listed above.
- My (Our) 2023 adjusted total income is appropriately marked above based on the number of residents at the subject address.
- I (We) hereby release the Township of Montville, its servants, agents and employees from any and all liability and/or property damage arising out of the removal of snow from the driveway at the residence listed above.
- I (We) understand that my driveway will only be plowed when a significant snow accumulation occurs of **4 inches or greater and that my driveway comes secondary to the maintenance of the Township Roads unless it is a medical emergency.**
- I (We) understand that the driveway will only be plowed once in a 24-hour period.
- I (We) understand that the Township of Montville or its contractor(s) shall not be liable for damage to driveways, curbs, lawns or spring clean up of debris due to winter plowing.

**Please be prepared to provide proof of the information above, upon request. Failure to comply with the above conditions may result in the immediate and permanent removal from the program.**

My signature confirms that I do agree with all the provisions of this contract:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY	
Date Received	
Payment Rec'd	
Income Verified	
Vouchers Mailed	

Mandatory Information Required per Household Occupancies:

<b>NAME OF RESIDENTS</b>	<b>AGE</b>