

# Orange Village



\_\_\_\_\_  
**Applicant's name:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**Phone:**  
**Birth:**

\_\_\_\_\_  
**Applicant's Date of Birth:**

**APPLICATION FOR SNOW  
 REMOVAL SERVICES**  
*(An application must be  
 completed every year)*  
 Orange Village Code  
 Chapter 935

Please Answer All Questions

**The Orange Village Service Department is authorized, by Chapter 935 of the Codified Ordinances, to provide snow removal services to residents who are: (1) sixty-five (65) years of age or over and have an annual household income from all sources of less than \$22,150.00 a year or (2) physically or medically handicapped and have an annual household income from all sources of less than \$22,150 a year. Proof of income must be provided.**

**Please answer each of the following true (T) or false (F):**

- \_\_\_\_\_ I am 65 years of age or over (a copy of a birth certificate must be provided to the Village).
- \_\_\_\_\_ I am disabled or medically handicapped (a doctor's letter indicating disability and certifying that snow removal could be dangerous to the resident must be provided to the Village).
- \_\_\_\_\_ My annual **household** income from **all sources** is less than \$22,150 per year (proof of income must be provided as set forth below).
- \_\_\_\_\_ No able-bodied person resides at the above address.

The following individuals reside with me at my address:

Name of resident	Age	Employer	*Annual Income
.	.	.	.
.	.	.	.
.	.	.	.

**APPLICANT AND EACH ADULT RESIDENT OF THE HOUSEHOLD MUST  
 READ AND SIGN THE FOLLOWING STATEMENT AND RELEASE**

I/we hereby certify that the information contained in this application is true and correct to the best of my/our knowledge.

I/we authorize Orange Village to obtain verification of necessary financial information and employment as identified on this application. I/we understand that the falsification of any information contained in this application or documentation submitted as part of this application shall result in immediate and permanent ineligibility for snow plowing services and that I/we will be required to reimburse the Village for costs incurred.

I/we have read the attached bulletin, understand and agree to its provisions.

The undersigned hereby agree(s) that in consideration of snow plow removal services to be provided by Orange Village: he/she/they will hold harmless and release Orange Village, its officials, employees and agents from any and all suits, claims or damages which may arise as a result of snow plow removal services rendered on the premises of the undersigned for his/her/their convenience and waive any claim on his/her/their behalf arising from said Village services.

Applicant's  
Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Adult Resident of  
Household \_\_\_\_\_  
Signature of Adult Resident of  
Household \_\_\_\_\_

<b>For Orange Village use Only</b>	Date: </TD.<tr>
Application received by:	_____
Snow removal service approved by:	_____
Applicant notified	_____

**\*Applicant must submit copies of last year's U.S. Income Tax Return for all adult residents of the household. If a resident did not file a U.S. Income Tax Return in the previous year, the resident may submit a social security statement (call 1-800-772-1213 to request a statement). If a resident is currently employed, two current paycheck stubs must be provided. If a resident is currently unemployed, a copy of unemployment benefits must be provided. A disabled or medically handicapped applicant must also submit a doctor's letter indicating disability. Applicants 65 years of age or older must submit a copy of his/her birth certificate.**

**The Service Director is authorized to request additional information as may be needed to determine compliance with program requirements.**