

SNOWPLOW CONTRACT REIMBURSEMENT PROGRAM
FOR ELIGIBLE HIGHLAND HEIGHTS OLDER RESIDENTS

The City of Highland Heights and Community Partnership on Aging are partnering to offer a snowplow reimbursement program for older residents of Highland Heights. The program provides a \$62.50 reimbursement for eligible homeowners toward their signed and paid 2021-2022 snowplow contract.

To be eligible for this program the following conditions must be met**:

The applicant must be a resident of Highland Heights, age 70 or older,

The applicant must own their home in which they permanently reside, and

The applicant must have a monthly income of \$2,146.67 or less for a single person household or \$2,903.34 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.

****Extenuating or Special Circumstances May Be Considered**

If you believe you meet the requirements and are interested in applying for this program, please complete the attached application and return it to the Community Partnership on Aging or Highland Heights City Hall by December 1, 2021.

COMMUNITY PARTNERSHIP ON AGING

Application for partial reimbursement for snowplow services



The Community Partnership on Aging and the City of Highland Heights 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)			
<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 \$62.50 providing all required reimbursement materials are submitted. I further understand and agree that Highland Heights 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 December 1, 2021 to:
 Community Partnership on Aging
 1370 Victory Drive
 South Euclid, OH 44121
 Attn: Highland Heights Snowplow Program
 Email: contactus@communitypartnershiponaging.org