



Sidewalk Snow Shoveling Exemption Request Form for Health and Financial Duress

Excerpted from Newton City Ordinance **Sec. 26-8D Removal of snow and ice from sidewalks.** "The mayor or his designee is authorized to coordinate volunteer snow clearing assistance or to grant an exemption, renewable annually, for citizens who upon written petition demonstrate hardship due to a combination of health and financial duress, or religious circumstances."

Name: _____ **Date of birth:** (optional) _____

Address: _____
Street *Zip Code*

Telephone: _____ **Email:** _____

If you receive the following benefit(s): Check any that apply.

Please provide proof of this by submitting documentation with this application (a copy of your SNAP EBT card, MassHealth card, letter of authorization for fuel assistance, or etc.)

___ Food Stamps

___ MassHealth (Medicaid)

___ Emergency Aid to Elderly, Disabled, and Children (EAEDC)

___ Low Income Home Energy Assistance (LIHEAP – fuel assistance)

___ Mass Veterans Benefits (GLC. 115)

Do you live alone? ___ Yes ___ No

If no, does the person(s) living with you receive any of the above benefits? Please indicate every person in the household and what benefit each receives.

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Do you have a disability, physical limitations, or health issue which prohibits you from shoveling your sidewalk? ___ Y ___ N

Does each person in your household have a disability which prohibits him/her from shoveling? ___ Y ___ N

If yes to either, please submit documentation from a healthcare provider that describes the physical limitation that prohibits you or the other member(s) of your household from shoveling.

Please check the box that most closely represents your current annual **gross** (before any deductions) household income from all sources. Please be sure to only check income ranges corresponding with your household size:

Please submit the most recent tax return reflecting your household annual gross income with your application.

LOW INCOME

MODERATE INCOME

One person: Below \$31,150

Between \$31,150 and \$51,950

Family of 2: Below \$35,600

Between \$35,600 and \$59,400

Family of 3: Below \$40,050

Between \$40,050 and \$66,800

Family of 4: Below \$44,500

Between \$44,500 and \$74,200

Family of 5: Below \$48,100

Between \$48,100 and \$80,150

Family of 6: Below \$48,800

Between \$48,800 and \$81,350

Signature

Date

Return Form and Documentation to:
City of Newton, Attn: Senior Services Dept., 1000 Commonwealth Ave, Newton, MA 02459

If you have questions or submit electronically, please send to Norine Silton at nsilton@newtonma.gov or call 617-796-1664.