



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 their 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 (SNAP)

___ 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.

EXTREMELY LOW INCOME

VERY LOW INCOME

One person: Below \$34,300

Between \$34,301 and \$57,100

Family of 2: Below \$39,200

Between \$39,201 and \$65,300

Family of 3: Below \$44,100

Between \$44,101 and \$73,450

Family of 4: Below \$48,950

Between \$48,951 and \$81,600

Family of 5: Below \$52,900

Between \$52,901 and \$88,150

Family of 6: Below \$56,800

Between \$56,801 and \$94,700

Signature

Date

Return Form and Documentation to:
City of Newton, Attn: Older Adult 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.