

## **Sidewalk Snow Shoveling Exemption Request** **for Health and Financial Duress**

**Dear Newton Resident,**

Below is the Sidewalk Snow Shoveling Exemption Request Form for Health **and** Financial Duress.

Please note that if you have applied in the past that we are now requiring **proof of income and disability**, physical limitations, or health issue which prohibits you from shoveling your sidewalk.

If you receive one of the financial benefits listed on the application, please send proof with the application (a copy of your SNAP EBT card, a copy of your MassHealth Card, a letter of authorization for fuel assistance, etc.) **If you receive** one of these benefits you do not need to submit a copy of your tax returns.

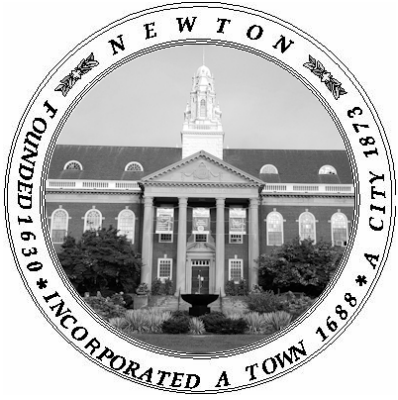
**If you do not receive one of the qualifying benefits** listed on the application, please **submit a copy of your most recent tax return** form that reflects the gross household income. A household will need to be of low or moderate income to qualify (as noted on page 2 of the application).

To document the disability, physical limitations, or health issue which prohibits you (or others in your household) from shoveling your sidewalk **everyone must submit a letter from a healthcare provider describing their limitations.**

If you are deemed eligible for an exemption your name(s) and address will be submitted to the Department of Public works so that a citation will not be issued.

Our review process takes approximately one week from time of receipt. Once we review your application, we will notify you in writing via email or mail a hardcopy if email is not provided in your application.

Thank You for your application. If you have questions, please call the Cooper Center at 617-796-1664 or email [nsilton@newtonma.gov](mailto:nsilton@newtonma.gov).



## 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.

---

---

---

---

**Application continued on Page 2**

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.**