City of Newton
Department of Senior Services

Newton Council on Aging

The Senior Center

Sidewalk Snow Shoveling Exemption Request Form

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 your 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.

Please fill out the application attached. If you have any questions please call Jayne Colino at 617-796-1671.

Newton Council on Aging/Senior Center | 345 Walnut Street | Newton, MA 02460
Tel: 617-796-1660 | Fax: 617-969-9560
E-mail: info@newtonseniors.org | Web Site: www.newtonseniors.org

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: _____ or 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

_____

_____

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 complete the page 2 of this application

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 $24,900 ☐	Between $24,901 and $41,500 ☐
Family of 2:	Below $28,450 ☐	Between $28,451 and $47,400 ☐
Family of 3:	Below $32,000 ☐	Between $32,001 and $53,350 ☐
Family of 4:	Below $35,550 ☐	Between $35,551 and $59,250 ☐
Family of 5:	Below $38,400 ☐	Between $38,401 and $64,000 ☐
Family of 6:	Below $41,250 ☐	Between $41,251 and $68,750 ☐
Family of 7:	Below $44,100 ☐	Between $44,101 and $73,500 ☐
8 or more:	Below $46,950 ☐	Between $46,951 and $78,250 ☐

_____ _____

Signature Date

Return to:

345 Walnut Street, Newtonville, MA 02460

Attn: Snow Shoveling Exemption