



Senior Sidewalk Program Application 2024

Please return application to:
City of Macedonia - Finance Dept., 9691 Valley View Rd.

Name: _____

Address: _____

Phone: _____ Applicant's Date of Birth: _____

List **ALL** persons (including yourself) residing at above address – must provide driver's license or state ID.

_____ Age: _____

_____ Age: _____

_____ Age: _____

Please attach a copy of **one** of the following:

A copy of your state driver's license, Ohio state identification card, -OR- a copy of your birth certificate (if submitting a birth certificate, you must provide a copy of utility bill for proof of residency.)

If applicant is DISABLED and under the age of 65, a current physician's note of verification is **required**.

<u>Household</u>	<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>
Income	\$30,400	\$34,750	\$39,100

All applicants **MUST** submit a copy of 2023 federal tax return.

Current Social Security and Pension Statement **ALONG WITH** a current bank statement to verify income for Direct Deposit.

– **SIGNATURE REQUIRED** –

**PLEASE RETURN APPLICATIONS TO: City of Macedonia, 9691 Valley View Rd.
Attn: Finance Dept**

WHEN THE CITY OF MACEDONIA UNDERTAKES TO REPLACE SIDEWALK(S) FOR THE BENEFIT OF THE PARTICIPANT, SUCH PERSON AGREES TO BE BOUND BY THE FOLLOWING:

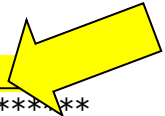
- (1) This Program is for the benefit of **low-income residents** of the City ages 65 years or older and/or the seriously disabled or handicapped.
- (2) Each party applying for the Program shall **reside at the address indicated**.

(3) THE CITY OF MACEDONIA AND/OR THE CONTRACTOR HIRED TO REPLACE THE SIDEWALK(S) IS NOT RESPONSIBLE FOR ANY DAMAGE DONE TO PRIVATE PROPERTY.

The City has chosen the contractor to provide the service, but in any event, the City and its elected or appointed officials, agents, employees, and representatives shall be HELD TOTALLY HARMLESS FROM ALL LIABILITY by the undersigned participant for any damages or injuries to persons or property due to participation in the Program. The undersigned participant, and his/her heirs, successors, assigns, or agents, in consideration of the services to be provided by the City under the Program, agrees to reimburse the City fully for any and all legal expenses incurred as a result of any such claimed damages or injuries.

I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL TERMS OF THE ABOVE AGREEMENT.

→ APPLICANT'S SIGNATURE: _____ Date: _____



OFFICE USE ONLY-----OFFICE USE ONLY-----OFFICE USE ONLY-----OFFICE USE ONLY

THIS APPLICATION HAS BEEN ACCOMPANIED BY:

- OFFICE USE ONLY**
_____ type of age document. Requirement _____ (employee initial here)
- OFFICE USE ONLY**
_____ type of income doc. Requirement....Employee verification _____
- OFFICE USE ONLY**
_____ disability document. Requirement (if applicable)

Approved by: _____ Date: _____
Mayor Nicholas Molnar