



**2016-2017 HINCKLEY TOWNSHIP
EMERGENCY SNOW REMOVAL APPLICATION**



Homeowner's Name: _____

Address: _____, Hinckley, Ohio 44233

Phone #: _____

() New Application () Renewal of Service | Contractor Name: _____

Are you a **“Senior Citizen”** defined as **sixty-five (65) years of age or older**? Yes () No ()

AND/OR

Are you a **Disabled Person as defined in the “Americans with Disabilities Act of 1990” 42 U.S.C. 12102?**

Yes () No ()

Please mark the appropriate box (see attached sample for determining your total income):

- I reside in a 1-person household with a 2015 total income of \$23,540.00 or less.
- I reside in a 2-person household with a combined 2015 total income of \$31,860.00 or less.
- I reside in a 3-person household with a combined 2015 total income of \$40,180.00 or less.

*Guidelines are based on incomes at or below two hundred percent of the federal poverty level.

A copy of the 2015 Federal Tax Form 1040 for each adult member of the household is required as proof.

Type of driveway () Concrete/Asphalt () Gravel/Limestone () Please check if driveway exceeds 200 ft.

I, the undersigned agree to the following conditions:

- I live at the above listed address and am sixty-five (65) years or older or disabled as defined in the “Americans with Disabilities Act of 1990” 42 U.S.C. 12102.
- I am the owner of the single-family dwelling listed above.
- I have marked above the 2015 total income for all adult members of the household.
- I hereby release the Township of Hinckley, the HFD Community Benefit Fund, Inc., its servants, agents and employees from any and all liability and/or property damage arising out of the removal of snow from the driveway at the residence listed above.
- I understand that my driveway will only be plowed when a significant snow accumulation occurs.
- I understand that the driveway will only be plowed once in a 24 hour period.
- I understand that the Township of Hinckley, the HFD Community Benefit Fund, Inc. or its contractor(s) shall not be liable for damage to driveways, curbs, lawns or spring clean up of debris due to winter plowing.
- **I understand that as the property owner I must personally contact and provide the contractor with a voucher and will not abuse the program by requesting service in order to achieve the perception of occupancy while away. Vouchers remitted under these circumstances WILL be denied and payment for service shall become the responsibility of the property owner.**

Please be prepared to provide proof of the information above, upon request. Failure to comply with the above conditions may result in the immediate and permanent removal from the program.

My signature confirms that I do agree with all the provisions of this contract:

Signature: _____

Date: _____

**PROGRAM SUPPORT PROVIDED BY
HINCKLEY FIRE DEPARTMENT COMMUNITY BENEFIT FUND, INC.**

OFFICE USE ONLY	
Date Received	
Income Verified	
Vouchers Mailed	

For the year Jan. 1–Dec. 31, 2015, or other tax year beginning _____, 2015, ending _____, 20

Your first name and initial _____ Last name _____ Your social security number _____

If a joint return, spouse's first name and initial _____ Last name _____ Spouse's social security number _____

Home address (number and street). If you have a P.O. box, see instructions. _____ Apt. no. _____

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).

Foreign country name _____ Foreign province/state/country _____ Foreign postal code _____

▲ Make sure the SSN(s) above and on line 6c are correct.

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. You Spouse

Filing Status

1 Single

2 Married filing jointly (even if only one had income)

3 Married filing separately. Enter spouse's SSN above and full name here. ▶ _____

4 Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ _____

5 Qualifying widow(er) with dependent child

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>

d Total number of exemptions claimed

Boxes checked on 6a and 6b

No. of children on 6c who:
• lived with you
• did not live with you due to divorce or separation (see instructions)

Dependents on 6c not entered above

Add numbers on lines above ▶

Income

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7
8a	Taxable interest. Attach Schedule B if required		8a
b	Tax-exempt interest. Do not include on line 8a	8b	
9a	Ordinary dividends. Attach Schedule B if required		9a
b	Qualified dividends	9b	
10	Taxable refunds, credits, or offsets of state and local income taxes		10
11	Alimony received		11
12	Business income or (loss). Attach Schedule C or C-EZ		12
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ <input type="checkbox"/>		13
14	Other gains or (losses). Attach Form 4797		14
15a	IRA distributions	15a	15b
16a	Pensions and annuities	16a	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17
18	Farm income or (loss). Attach Schedule F		18
19	Unemployment compensation		19
20a	Social security benefits	20a	20b
21	Other income. List type and amount		21
22	Combine the amounts in the far right column for lines 7 through 21. This is your total income ▶		22

Adjusted Gross Income

23	Educator expenses	23
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	Deductible part of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid b Recipient's SSN ▶ _____	31a
32	IRA deduction	32
33	Student loan interest deduction	33
34	Tuition and fees. Attach Form 8917	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 35	36
37	Subtract line 36 from line 22. This is your adjusted gross income ▶	37

* the amount equal to or greater: ≥

Your first name and initial	Last name	OMB No. 1545-0074
		Your social security number
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions.		Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions).		▲ Make sure the SSN(s) above and on line 6c are correct. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name	Foreign province/state/county	
Foreign postal code		

Filing status Check only one box.

1 <input type="checkbox"/> Single 2 <input type="checkbox"/> Married filing jointly (even if only one had income) 3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	4 <input type="checkbox"/> Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here. ▶ 5 <input type="checkbox"/> Qualifying widow(er) with dependent child (see instructions)
--	---

Exemptions

6a Yourself. If someone can claim you as a dependent, **do not** check box 6a.

b Spouse

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>

d Total number of exemptions claimed. Boxes checked on 6a and 6b:

No. of children on 6c who:
 • lived with you _____
 • did not live with you due to divorce or separation (see instructions) _____
 Dependents on 6c not entered above _____
 Add numbers on lines above ▶

Income

7 Wages, salaries, tips, etc. Attach Form(s) W-2.	7	
8a Taxable interest. Attach Schedule B if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required.	9a	
b Qualified dividends (see instructions).	9b	
10 Capital gain distributions (see instructions).	10	
11a IRA distributions.	11a	11b Taxable amount (see instructions).
12a Pensions and annuities.	12a	12b Taxable amount (see instructions).
13 Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a Social security benefits.	14a	14b Taxable amount (see instructions).
15 Add lines 7 through 14b (far right column). This is your total income .	15	

Adjusted gross income

16 Educator expenses (see instructions).	16	
17 IRA deduction (see instructions).	17	
18 Student loan interest deduction (see instructions).	18	
19 Tuition and fees. Attach Form 8917.	19	
20 Add lines 16 through 19. These are your total adjustments .	20	
21 Subtract line 20 from line 15. This is your adjusted gross income .	21	