



Snow Angels Program Recipient Application

MUST BE RETURNED BY OCTOBER 13, 2023

Resident/Homeowner Name: _____ Birth Date: _____

Address: _____, Bay Village, OH 44140

Phone Number: _____ Email: _____

Additional occupants residing in the same household:

Name: _____ Relationship: _____ Birth Date: _____

Name: _____ Relationship: _____ Birth Date: _____

Name: _____ Relationship: _____ Birth Date: _____

Are you over 60? Yes _____ No _____

Is there an able-bodied person living in your house? Yes _____ No _____

Is there an able-bodied family member living in Bay Village? Yes _____ No _____

Does your yearly income exceed \$40,000? Yes _____ No _____

Do you own and occupy the above residence? Yes _____ No _____

Applicant Signature:

By signing below, I am/we are requesting the services of a Snow Angel Volunteer. I/We certify that: I am/we are at least 60 years old or have a physical disability that prevents me/us from removing snow, I/we do not have available resources to assist with my/our snow removal and that I/we live in Bay Village. I am/We are aware that Snow Angels recipients are matched with a volunteer on an availability basis, and therefore, I am/we are not guaranteed to be matched with a Program Volunteer. I/we have read and understand the Terms and Conditions for participating in the City of Bay Village Snow Angels Program.

Signature: _____ Date: _____

Signature: _____ Date: _____

If you prepared this form for the homeowner, please provide your name and contact information:

To process your application, please return this form and proof of income to:

Bay Village Community Services
Snow Angels
300 Bryson Lane
Bay Village, OH 44140

Include proof of income:

Most recent Form 1040,
U.S. Income Tax Return

If you do not file taxes,
please call 440-835-6565.