

Town of Huntington
Department of Human Services

Office of Handicap Services
100 Main Street, Huntington, New York 11743-6991
(631) 351-3233 <http://HuntingtonNY.gov>

**Application for Snow Berm Removal Program for
Persons with Disabilities on Limited Income**

The Snow Berm Removal Program is designed to assist those persons who have limited income and no other means of removing the snow berm at the end of their driveway. The program can only accommodate a limited number of residents. Your application will be reviewed based upon the information provided.

NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED BY THE FIRST TWO PAGES OF YOUR TAX RETURN FROM THE PREVIOUS YEAR. INCOMPLETE APPLICATIONS WILL BE RETURNED.

PLEASE PRINT ALL INFORMATION

Name _____ Age _____

Address _____ Town _____ Zip _____

Telephone Number _____ Cell Number _____

Email _____ Disability _____

Do you rent _____ or own _____ your home?

Do you have any dependents? _____ If yes, how many? _____

Do you use a mobility aid (i.e.; wheelchair, cane, prosthesis)? Circle one YES NO

If YES, please specify which type _____

If you have a NYS Handicapped Parking Permit or Handicapped Symbol Access License Plate,

Please provide the following: Permit # _____ License Plate # _____

List all other persons residing at your address

NAME	AGE	REASON THEY CAN'T HELP WITH SNOW REMOVAL

Do you visit a Doctor, Hospital or Clinic on a Regular Basis? Circle one YES NO

If YES, how often? _____.

(Continues on back of page)

Please provide the following: Name, Address and Phone Number of your Physician:

NAME OF DOCTOR: _____

ADDRESS OF DOCTOR: _____

DOCTOR'S PHONE NUMBER: _____

Do you require life-sustaining treatment such as dialysis, use of a respirator or chemotherapy,...?

Yes (specify) _____ No

Because of the great demand for this program, it must be limited to those physically handicapped individuals who cannot afford to hire someone to clear the berm of snow at the foot of the driveway. Therefore, please confirm your income level so we can rank the applicants.

I certify that my TOTAL GROSS YEARLY HOUSEHOLD INCOME (Including all persons residing in the house) is

\$ _____

*If you can afford to hire someone to clear your driveway, it is a good idea at the same time to make arrangements for him/her to come back in two days to clear the mound of snow (the snow berm), which is caused when the trucks widen the road a day or two after they first plow the streets.

I understand that the information provided on this application is to be used for the processing of the snow berm application. I certify that all of the above information are true and accurate statements under penalty of perjury. I fully authorize the Town of Huntington to verify any and all of the information listed herein.

Signature _____ Date _____

**Please return the application to:
Town of Huntington
Department of Human Services
Office of Handicap Services
100 Main Street, Room 207
Huntington, New York 11743.**

You must apply each year for this program.

The Snow Berm Removal list is NOT kept year to year.