

Town of Huntington

Department of Human Services

Office of Handicap Services

423 Park Avenue, Room 203 Huntington, New York 11743-6991
(631) 446-3725 <http://www.huntingtonny.gov/snow-berm-removal>

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

This Program is designed to assist persons with disabilities with limited income and no other means of removing the snow berm at the end of their driveway.

ALL APPLICATIONS MUST BE COMPLETE AND ACCOMPANIED BY THE FIRST TWO PAGES OF YOUR TAX RETURN FROM THE PREVIOUS YEAR. IF YOU DO NOT FILE A TAX RETURN, YOU MUST SEND A COPY OF YOUR NON-FILING VERIFICATION FROM THE INTERNAL REVENUE SERVICE (FORM 4506-T). INCOMPLETE APPLICATIONS WILL BE RETURNED.

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First 2 Pages of your Tax Return from The Previous Year

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Copy of Non-Filing Verification from the IRS [4506-T](#)

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 # _____

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

If YES, how often? _____.

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

DOCTOR'S NAME: _____

DOCTOR'S ADDRESS: _____

DOCTOR'S PHONE NUMBER: _____

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

☐

Yes

☐

NO

(specify) _____

List all other persons residing at your address

NAME	AGE	REASON THEY CAN'T HELP WITH SNOW REMOVAL

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

\$ _____

I understand that the information provided on this application is to be used for the processing of my Snow Berm Application. **I certify that all of the information on this application is true and that all statements are accurate under the penalty of perjury.**

I fully authorize the Town of Huntington to verify any and all of the information contained herein.

Signature _____ Date _____

Please return the application to:

Town of Huntington
Department of Human Services
Office of Handicap Services
423 Park Avenue, Room 203
Huntington, New York 11743.

You must apply each year for this program.