City of Bay Village Snow Angels Program

RECIPIENT APPLICATION

PLEASE COMPLETE AND RETURN TO:
Bay Village Community Services
Snow Angels
300 Bryson Lane
Bay Village, OH 44140

MUST BE TURNED IN BY OCTOBER 16, 2026

Name of Resident/Homeowner: _____ Birth Date: _____

Address: _____Bay Village, OH 44140____

Phone Number: _____ Email:_____

Additional Occupants (residing in 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_____

To process your application, please provide proof of income with:
MOST RECENT FORM 1040 – U.S. INDIVIDUAL INCOME TAX RETURN

If you do not file taxes please call (440)899-3410

Applicant's Signature:

By signing below, I/we are requesting the services of a Snow Angel Volunteer. I/We certify that: I/we am/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/We are aware that Snow Angels recipients are matched with a volunteer on an availability basis, and therefore, I/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)**