



CITY OF SOUTH BEND

COMMUNITY INVESTMENT

NEIGHBORHOOD SERVICES & ENFORCEMENT

SNOW REMOVAL DISABILITY EXEMPTION AND WAIVER OF LIABILITY APPLICATION

Please read the following before filling out this form:

- The person seeking exemption (hereafter “applicant”) must reside in the property address listed below.
- All information filled in below should be for the applicant unless otherwise noted.
- This waiver only prevents you from receiving Ordinance Violation Tickets; you still need to arrange for snow removal.

Instructions:

- You need to fill this form out in its entirety. Incomplete forms will not be reviewed.
- Documents showing proof of disability must accompany this application. Acceptable documentation includes:
 - Social Security Disability Determination Letter
 - Medicaid/Medicare Documentation - Due to Disability
 - Note from Your Physician (stating you are medically unable to shovel the snow)
- This form will need to be filled out for **every year**.
- Print legibly!

Applicant's Information

Full Name: _____

Phone Number: _____ Date of Birth: _____

Property Address: _____ Zip Code: _____

Employment: I am employed. I am not employed because of my disability.

Reason for Exemption

Identify Disability and Diagnosis of Disability: _____

Describe how Disability Impairs Ability to Remove Snow: _____

Household Information

List the Names and Ages of ALL Other Persons Living at the Property: _____

Are any other members of the household disabled? No Yes – Please List Names: _____

No other person in my household can shovel snow from my sidewalk and I do not have any other person who can assist me.

Property Owner's Information

Property Owner's Name: _____

Relationship to Property Owner (if different than applicant): _____

Contact Person's Information (if Applicant is Unavailable)

Name: _____ Relationship to Applicant: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Supporting Documentation

Supporting documentation must be included. Please indicate the type of documentation you are providing:

- Social Security Benefit due to Disability Documentation
- Medicaid/Medicare Documentation - Due to Disability
- Medical Impairment Documentation from Physician (must indicate you are unable to shovel snow)

Signature

The undersigned requests a disability exemption to South Bend's snow removal ordinance. The undersigned personally occupies the property noted above. By signing this document, the undersigned affirms under penalties for perjury that all information contained in this application is true and accurate. The undersigned further acknowledges that furnishing false or misleading information to a government agency is a criminal offense.

Signature

Printed Name

Date

Please send completed application *and* supporting documentation to:

Neighborhood Services & Enforcement
Attn: Snow Waiver Application
227 W. Jefferson Blvd.
South Bend, IN 46601

(for office use only)

Approved

Date Received: _____

Denied

Date Reviewed: _____

Reviewed by (Name): _____

Reason for Denial: _____

If further information is needed, identify: _____