



# CITY OF AURORA ASSISTANCE PROGRAM

PLEASE CALL 330-562-6131,  
IF YOU HAVE ANY QUESTIONS

## WHEN FORM IS COMPLETE RETURN IMMEDIATELY TO:

Mayor Ann Womer Benjamin  
130 S Chillicothe Rd, Aurora, Ohio 44202

## APPLICATIONS ACCEPTED UP TO JUNE 1<sup>ST</sup>

IF THE TOTAL NET INCOME OF **ALL MEMBERS** OF THE HOUSEHOLD (FOR A HOUSEHOLD OF UP TO 3) IS LESS THAN \$21,330 PER YEAR, YOU MAY QUALIFY FOR THE ASSISTANCE PROGRAM. TOTAL NET INCOME MEANS INCOME FROM ANY SOURCE. <sup>1</sup>PLEASE ATTACH PROOF OF INCOME TO YOUR APPLICATION .

### DETAIL OF LAST YEAR'S INCOME

SOURCE OF INCOME	AMOUNT PER MONTH	TOTAL FOR THE YEAR
A. _____	\$ _____	X 12 = \$ _____
B. _____	\$ _____	X 12 = \$ _____
C. _____	\$ _____	X 12 = \$ _____
D. _____	\$ _____	X 12 = \$ _____

ADD (A, B, C&D) HOUSEHOLD TOTAL FOR LAST YEAR =

IF THE HOUSEHOLD TOTAL IS \$ 21,330 OR MORE \*STOP\*<sup>1</sup>  
IF HOUSEHOLD TOTAL IS LESS THAN \$21,330, <sup>1</sup>COMPLETE THE FORM BELOW

IF YOUR HOUSEHOLD MEETS THE INCOME REQUIREMENTS, YOU QUALIFY FOR THE FOLLOWING :

- ✓ TRASH / RECYCLING SERVICE AT NO COST
- ✓ WATER / SEWER DISCOUNT OF 20%

IF YOUR HOUSEHOLD FALL S INTO ONE OF THE FOLLOWING CATEGORIES , YOU QUALIFY FOR SNOW REMOVAL ASSISTANCE ALSO. CHECK ONE OF THE FOLLOWING THAT APPL IES:

\_\_\_\_ Snow Removal - Head of Household is 60 years of age or older: Birth Month: \_\_\_\_ \_ Year: \_\_\_\_

\_\_\_\_ Snow Removal - Head of Household with Medical/Physical Handicap and there is no other household member physically able to perform this duty.

<sup>1</sup> \$25,750 FOR FAMILY OF 4, or add \$4,420 FOR EACH ADDITIONAL PERSON OVER 4.

I SWEAR THAT THE FOREGOING IS A TRUE RETURN. \_\_\_\_\_  
Authorized Household Representative

THERE ARE SEVERE PENALTIES FOR FALSE INFORMATION OR FAILURE TO INCLUDE ALL THE INFORMATION REQUESTED.

PLEASE PRINT:

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Office Use Only: Receive Date: \_\_\_\_\_ Approved By: \_\_\_\_\_

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