CITY OF BEREA

"The Grindstone City"

Cyril M. Kleem
Mayor

11 Berea Commons
Berea, Ohio 44017
(440) 826-5800
(440) 234-5628
Website: www.cityofberea.org

March 1, 2016

Dear Berea Resident,

The Berea's Grass Cutting, Leaf Raking and Snow Removal Program has been combined into one. Please review the application entirely and indicate the programs in which you would like to participate. To be considered for any of these programs, you must:

- Be a senior citizen (60 years or older) or disabled
- Own and occupy the home in Berea
- Make $28,000 a year or less
- Not reside with an able-bodied individual
- Show proof of income for every individual in the home- i.e., pension, retirement or IRS tax return
- *If disabled, you must show proof of Social Security disability*

You must provide 2014 proof of income along with this application to be considered for these programs. When making copies of your income, you may want to conceal your Social Security number and bank account numbers. These items have no bearing on our program and are not necessary for our records.

If you meet all listed qualifications, ***please complete and return the application along with all pertinent information***. Notification of acceptance will be sent to each homeowner. Instructions and detailed information will be sent before the start of each program. If you have any questions or concerns regarding any of these programs, please call (440) 826-4891.

Please mail completed application, along with proof of income to:
Community Services
91 South Rocky River Dr.
Berea, Ohio 44017

I am pleased to offer this helpful service to our senior citizens of Berea.

Sincerely,

Cyril Kleem

Cyril Kleem
Mayor

2016 Grass, Leaf, & Snow Removal Application

PLEASE COMPLETE & RETURN TO:
Community Services, 91 South Rocky River Dr., Berea, OH. 44017

Name: _____ Spouse's Name: _____

Address: _____ Phone Number: _____

Date of Birth: _____ Spouse's Date of Birth: _____

1) Are you over 60 years old or disabled? Yes _____ No _____
2) Is there an able-bodied person living in your house? Yes _____ No _____
3) Is your house number clearly visible from the street? Yes _____ No _____
4) Does your yearly household income exceed $28,000? Yes _____ No _____
5) Do you own and occupy the residence? Yes _____ No _____
6) Do you have a paved driveway? Yes _____ No _____
7) How many people reside in your home? _____

Please check the programs below in which you would like to participate for 2016:

☐ Grass Cutting ☐ Leaf Raking ☐ Snow Removal

RELEASE

- It is agreed that the City of Berea, its employees or agents will have the right to enter onto and depart from the real property listed on the Application for the purposes of grass cutting, leaf raking, or driveway snow removal.
- In consideration of the City of Berea cutting grass, raking leaves, and/or removing snow, the undersigned owner, occupant and/or agents or assigns of the property listed above, assumes all risks for claims, known or unknown arising from the authorized entrance and performance of work on the property.
- I agree that I and my heirs, guardians, legal representatives and assigns will not make a claim against the City of Berea, its employees or agents, for any injury, death, or property damage occurring in the course of performing work on my property, whether caused by the negligence of the City of Berea, its employees or agents or otherwise.
- I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion of the agreement is held invalid, it is agreed that the balance will, notwithstanding, continue in full legal force and effect.
- I have carefully read the above release and Application and fully understand its contents and sign this release as my own free act.
- I certify that all statements made on this Application are true and that the City of Berea reserves the right to accept or deny any application based upon the information presented.

Signature: _____ Date: _____

Additional Information: _____

_____

OFFICE USE ONLY:

Date Received: _____ Monthly Income: _____ Approval: _____