

Office use Only: Received by City on _____

Date Approved _____

Date Denied _____



SIDEWALK SNOW & ICE REMOVAL ASSISTANCE APPLICATION

To qualify, the property must be:

- 1) Owner-occupied **AND**
- 2) The resident must be physically unable to remove snow and ice from the sidewalks **AND**
- 3) Meet the income guidelines on page 2.

Owner Name _____

Date _____

Address _____

City, State, Zip _____

Number of People in Household

Under 18 _____ Between 18 & 65 _____ Over 65 _____ = TOTAL _____

Income Verification Needed with Submittal of Application

- **If income tax was filed for previous year**, attach copy of last year Federal Income Tax return (as submitted to IRS) including copies of W-2's.
- **If no income tax was filed**, state source of income and attach verification of income such as Social Security, Pension, Child Support, etc.

I/We authorize the City of Dubuque to contact my source of income, including employer, in order to verify amounts for purpose of qualification for the Financial Assistance Program.

I /We certify that the information given to the City of Dubuque, Engineering Department is, to the best of my/our knowledge and belief, true, correct, and complete as stated herein. I/We are aware that the information being provided is subject to verification by the local or Federal government. I/We also understand that false statements of information are grounds for denial of assistance.

Physical and/or Mobility Impairment or Disability

I/We certify that due to a physical and/or mobility impairment or disability, I/we are unable to comply with the provisions of Dubuque Code of Ordinances, Title 10-1-3-C, and State of Iowa Code, Chapter 364.12 responsibility for public places requiring the clearing of snow and ice accumulation from the sidewalks at my/our property.

Print Name _____	Signature _____	Date _____
Print Name _____	Signature _____	Date _____
Street Address _____		City, State, Zip Code _____
Phone _____	Work Phone _____	

Submit this completed application (including any back-up information) to the following:

City of Dubuque Engineering
ATTN: Rob McDonald
50 W. 13th Street
Dubuque, IA 52001 – 4864

If you have any questions on the Financial Assistance Program, please contact Rob McDonald, Right-of-Way Technician at the City of Dubuque – (563) 589-4159.

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This information is confidential and for reporting purposes only. If you have any questions regarding this form, please contact the Office of City Engineering at (563) 589-4159.

Below is the current income maximum* guidelines that determines eligibility for assistance. Only after submittal and review of application and income documents will the exact amount of assistance be determined. **Assistance is based on total number in household and total gross income.**

Family Size	Income Maximum Allowable	*Subject to Change US Dept. HUD guidelines: June 2021
1	\$44,150	
2	\$50,450	
3	\$56,750	
4	\$63,050	
5	\$68,100	
6	\$73,150	
7	\$78,200	
8	\$83,250	

What is the ethnicity of the person you are applying for?

- Hispanic
- Not Hispanic

What is the race of the person you are applying for (please check one)?

- White
- Black/African American
- Asian
- American Indian/Alaskan native
- Native Hawaiian/Other Pacific Islander
- Asian/Pacific Islander
- American Indian/Alaskan Native & White
- Asian & White
- American Indian/Alaskan Native & Black/African American
- Other Multi-Racial

Is the person you are applying for from a home where there is a female head of household?

- Yes
- No