



2023 - 2024 APPLICATION FOR SNOW REMOVAL ASSISTANCE PROGRAM

Thank you for your interest in applying for the City of Moorhead Snow Removal Assistance Program. Please submit your completed application to the following address along with a copy of your most recently completed tax return and proof of income (social security letter, alimony, public assistance, etc.).

Administration
Attn: Snow Removal Assistance Program
500 Center Ave
Moorhead MN 56560

APPLICATION INFORMATION

Name:

Address:

E-mail:

Phone:

To be eligible, your household income may not exceed the following limits:

Household Size	Maximum Income to Participate-60% AMI
1	\$43,740
2	\$49,980
3	\$56,220
4	\$62,460
5	\$67,500
6	\$72,480
7	\$77,460
8	\$82,500

1. **Is there a female head of household in your home?** Mark yes if you or another female in your home is unmarried and paying more than half the cost of keeping up your home AND a dependent person such as a child or parent lived in your home for more than 6 months. (Note: Dependent parent does not have to live in the home, but the female head of household must be able to claim an exemption AND pay for more than half the cost of keeping up their parent's primary home for at least a year or pay for more than half the costs of a nursing home.) Yes No

How did you complete snow removal last year?

2. Complete for each person living in your home including children (for additional household members, use back side of form):

Household Member(s)	Gross Annual Income	Mark (X) if you have no income	RACE: Mark ALL that apply for each person in household (Important Note: Race and Ethnicity are different. Definitions currently consider Hispanic and Latino an ethnicity rather than a race. If you are Hispanic or Latino, please still select a race below and mark Hispanic/Latino in the next column.)	Mark (X) if anyone in the household is Hispanic/Latino	Mark (X) if limited mobility or physical disability	Age
	\$		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Race			
	\$		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Race			
	\$		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Race			
	\$		<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other Multi-Race			
Total Income:	\$					

- Annual income includes:**
- Overtime/tips/bonuses/sick pay
 - Fees/rental income
 - Unemployment/disability
 - Wages before deductions (gross)
 - Interest/dividends/royalties
 - Trusts or estates
 - Business income
 - Self-employment
 - Retirement funds/pensions
 - Worker’s compensation
 - Insurance payments
 - Public assistance payments/TANF (excluding food/housing)
 - Regular contributions or gifts
 - Death benefits
 - Social security payments
 - Veteran’s Administration (VA) compensation/Armed Forces
 - Alimony/child support

If you marked (X) for having no income in the chart above, you certify by signing this form that you do not receive income from any of the sources listed above. I certify that the information on this form is accurate and complete. I authorize the City of Moorhead to verify information provided, if necessary.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Warning: Section 1001 of Title 18 of U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department of Agency of the U.S. as to matters within its jurisdiction.