

# City of Macedonia

9691 Valley View Rd.  
330-468-8330

## Senior Sidewalk Program Application 2025

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### Please return applications to:

City of Macedonia - Finance Dept.  
9691 Valley View Rd.

### Applicant Information

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Household Size: \_\_\_\_\_

### Household Members

1. Name: \_\_\_\_\_ Age: \_\_\_\_\_
2. Name: \_\_\_\_\_ Age: \_\_\_\_\_
3. Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Income Eligibility

Applicants must provide proof of income for all household members.

- 1 person household: \$33,975
- 2 person household: \$46,080
- 3 person household: \$58,185
- 4 person household: \$70,290

(If household is larger, add \$12,105 for each additional person.)

### Applicant Certification

I certify that the information provided is true and complete.



**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### ALL APPLICANTS MUST SUBMIT A COPY OF 2024 FEDERAL TAX RETURN

- Copy of Drivers License or State ID
- Copy of Utility Bill for proof of residency
- Copy of current Social Security, Pension Statement, Bank Statement

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Senior Program Application

2025 / 2026

**PLEASE RETURN APPLICATIONS TO: City of Macedonia, 9691 Valley View Rd.**

**Attn: Finance Dept**

WHEN THE CITY OF MACEDONIA UNDERTAKES TO REPLACE SIDEWALK(S) FOR THE BENEFIT OF THE PARTICIPANT, SUCH PERSON AGREES TO BE BOUND BY THE FOLLOWING:

- (1) This Program is for the benefit of **low-income residents** of the City ages 65 years or older and/or the seriously disabled or handicapped.
- (2) Each party applying for the Program shall **reside at the address indicated.**
- (3) **THE CITY OF MACEDONIA AND/OR THE CONTRACTOR HIRED TO REPLACE THE SIDEWALK(S) IS NOT RESPONSIBLE FOR ANY DAMAGE DONE TO PRIVATE PROPERTY.**

The City has chosen the contractor to provide the service, but in any event, the City and its elected or appointed officials, agents, employees and representatives shall be held totally harmless from all liability by the undersigned participant for any damage or injuries to persons or property due to participation in the program. The undersigned participant, and his/her heirs, successors, assigns, or agents, in consideration of the services to be provided by the City under the program, agrees to reimburse the City fully for any and all legal expenses incurred as a result of any such claimed damage or injuries.

**I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL TERMS OF THE ABOVE AGREEMENT.**



**APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## OFFICE USE ONLY

Age Document: \_\_\_\_\_

Income Documentation: \_\_\_\_\_

Disability Documentation: \_\_\_\_\_ Employee Verification: \_\_\_\_\_

Mayors Signature: \_\_\_\_\_ Date: \_\_\_\_\_