



**CITY OF AURORA  
ASSISTANCE PROGRAM  
APPLICATION**

**APPLICATION DEADLINE MAY 1<sup>ST</sup>**

PLEASE PRINT:

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

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

Pursuant to Aurora Codified Ordinance 935.01, any household which demonstrates that it has a total annual household income level less than the amount in the following chart shall be entitled to fee payment exemptions and/or services, without charge, identified in Aurora Codified Chapter 935.

Persons in family unit	Qualifying Income Level
1-3	\$21,960.00
4	\$26,500.00
Greater than 4	\$26,500.00 + \$4,540 for each individual

PLEASE PROVIDE THE FOLLOWING INFORMATION AND ATTACH PROOF OF INCOME TO YOUR APPLICATION:

	Source of Income	Last year's Income per month		Total for the year
1.			X 12 =	
2.			X 12 =	
3.			X 12 =	
4.			X 12 =	

**Total Household Income for last year**

Upon demonstration that a household's total annual income does not exceed the level set forth in the chart above, that household shall, for the succeeding twelve months, be entitled to the following benefits:

- a) That household shall be exempt from having to pay any costs associated with the provisions of garbage and rubbish collection services to its dwelling.
- b) That household shall be exempt from having to pay any costs associated with the provision of recyclable material collection services to its dwelling.
- c) That household shall receive a twenty percent (20%) discount in the charges levied for the provision of water and/or sewer collection services provided to its dwelling.
- d) That household shall have snow accumulation removed from its driveway without charge, provided that the head of the household is over sixty (60) years of age or has medical and/or physical handicap which reasonably prevents him/her from performing his/her own snow removal and has no other household member physically able to perform this activity.

Check below for snow removal.

\_\_\_\_\_ By age (Month and year of birth) \_\_\_\_\_

\_\_\_\_\_ By reason of medical or physical handicap (please include a physician's note)

***THERE ARE SEVERE PENALTIES FOR FALSE INFORMATION OR FAILURE TO INCLUDE ALL THE INFORMATION REQUESTED. See Aurora Codified Section 935.99 for additional information.***

APPLICANT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO** Mayor's Office, Aurora City Hall, 130 S. Chillicothe Road, Aurora, Ohio 44202.  
Have questions about the program? Call 330.562.6131 or email [MayorsDept@auroraoh.com](mailto:MayorsDept@auroraoh.com) with any questions.