



Mayor Robert J. Lovero



Senior Services



DATE

/ /

Application Form

The Department of Housing and Urban Development (HUD) subsidizes the City of Berwyn's Senior mobility program and department.

The city adheres to HUD's **extremely low** household income guidelines for enrollment in the seasonal assistance senior programs and requires the information stipulated below.

PERSONAL INFORMATION

Full Name:

Date of Birth: / /

Phone Number:

Emergency Contact:

Emergency Contact Phone:

ADDRESS:

Present Address:

Email (optional):

*For office intake use only - city adheres to **extremely low** income HUD limits*

HUD Household Income Limits Summary
PLEASE CIRCLE APPROPRIATE HOUSEHOLD SIZE AND INCOME LIMIT BELOW:

Circle number of persons living in home including you	Circle annual income LIMIT (at or BELOW)	Category
	\$23,600	extremely low
	\$26,950	extremely low
	\$30,300	extremely low
	\$39,250	very low
	\$44,850	very low
	\$50,450	very low
	\$62,800	low
	\$71,800	low
	\$80,750	low

SERVICE REQUESTED Please check box for all that apply:

MOBILITY TRANSPORTATION
If under 60yrs and disabled, physician disability documentation must be provided.

SNOW REMOVAL (65+ yrs/disabled)
\$15.00: single lots. \$20.00: 30'x125' +plus & corner lots. Annual fee (one-time charge).

LAWN SERVICE (65+ yrs)
\$15.00 per lawn service call billed bi-annually.
\$20.00 per service call for double lot

REQUIRED INCOME VERIFICATION DOCUMENTS

Illinois State ID Card/Driver's License
Of applicant with current Berwyn address.

Income Tax Form of Previous Tax Year
Of applicant. **OR**

Social Security Benefits Letter with Proof of Residency
Of applicant, of most recent year.

APPLICANT'S SIGNATURE / DATE:

Race/Ethnicity : check all that apply.

White Hispanic/Latino Asian
 Black/African American American Indian/ Native Alaskan
 Native Hawaiian/Pacific Islander Multi-Racial

Residences must be owner-occupied to be eligible for programs. Failure to provide all income verification documents with completed application will result in application denial.

THANK YOU FOR APPLYING

Your initials below indicated you have read and will comply with the Participant Guidelines Program Agreement.

Program Guidelines Participant Agreement INITIALS:

For office use only

Approved : _____

Denied : _____

Date : ____ / ____ / ____

Initials : _____

Senior Services Department
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