



GREAT NORTHERN
- services -

310 Boles Street
Weed, CA 96094
(530) 938-4115
Fax (530) 938-1040
www.gnservices.org

**City of Mt. Shasta
Community Development Block Grant Funded
Senior Snow Removal Program
Administered by Great Northern Services
Heather Solus (530) 938-4115 ext. 128
hsolus@gnservices.org**

Qualification for this program will be at the discretion of the City of Mt. Shasta. All applications shall be vetted for verification and validity.

() I participated in this program last winter.

Property must be located within the city limits of Mt. Shasta.

Proof of residency is required and must be attached as part of a complete application.

Applicant must be 60 or older or disabled to participate.

Proof of age is required and must be attached as part of a complete application. A copy of one of the following can be used for proof of age:

1. Drivers license
2. State ID
3. Birth Certificate

Proof of disability will be required from a licensed physician for those claiming disability under this program. An Attending Physician Statement form is available upon request and must be submitted with the completed application.

To claim physical disability the applicant must meet the state definition as follows:

Persons are classified as having a severe disability if they: (a) used a wheelchair or had used another special aid for 6 months or longer; (b) were unable to perform one or more functional activities or needed assistance with an Activity of Daily Living or Instrumental Activity of Daily Living; (c) were prevented from working at a job or doing housework; or (d) had a condition including autism, cerebral palsy, Alzheimer's disease, senility, or mental retardation. Finally persons who are under 65 years of age and who are covered by Medicare or receive SSI are considered to have a disability (and a severe disability). Functional activities include seeing, hearing, having one's speech understood, lifting and carrying, walking up a flight of stairs, and walking. Activities of daily living include getting around inside the house, getting in and out of bed or a chair, bathing, dressing, eating, and toileting. Instrumental Activities of Daily Living include going outside the home, keeping track of money or bills, preparing meals, doing light housework, and using the telephone.

**http://portal.hud.gov/hudportal/HUD?src=/program_offices/comm_planning/communitydevelopment/rules_andregs/memoranda/disabledpersons1997*

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1. Name of Applicant _____ Birth Date ____/____/____
(Please Print Name) (MM/DD/YY)

Physical Address (no P.O. Boxes): _____,

City: _____ Zip: _____

Phone: _____ Email: _____

Mailing address: _____

2. Check type of driveway: () Concrete/ Asphalt () Gravel () Dirt

3. Check type of garage: () Attached () Detached () none

4. Declaration

PLEASE CHECK OFF REQUIREMENTS AS YOU READ THEM.

() I am at least 60 years of age and/or physically disabled. Proof of age and/or disability attached.

() There is no person under age 60 residing at the residents who is physically capable of snow removal.

() I reside 12 months of the year at the address listed above.

() I am the owner.

() I am the tenant.

Landlords name and contact information _____.

() I have not claimed benefits for any other address.

() This property is not a condominium dwelling whereby all snow removal is the direct responsibility of a service.

() I hereby release the City of Mt. Shasta and Great Northern Services, its servants, agents, employees and contractors from any and all liability arising out of the snow removal from the address listed above.

() I understand that driveways will only be plowed after a snowfall of 4 or more inches and only once within a 24 hour period unless otherwise determined by the City of Mt. Shasta. Plowing cannot begin until the city of Mt. Shasta gives Great Northern Services the go ahead.

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() I understand it is my obligation to make sure the driveway is clear of obstacles. The contractor has the right to deny plowing the driveway if obstructed by obstacles.

() I understand that the address of my residence must be clearly visible from the road.

() I understand that no salt shall be applied where the snow will be removed.

() I understand that the winter season is defined by the organization and winter weather may occur outside this program's timeframe.

() I understand that I am responsible for notifying Great Northern Services of any change in residency.

() I understand that contractor shall not be responsible for damage to driveway, curb, sidewalk, or lawn or for spring clean-up of debris due to winter plowing.

() I understand that services will not be prioritized and that contractors will schedule routes in a way most convenient to them.

() I acknowledge I have read and agree to all terms listed in this contract.

**I understand the terms and conditions as outlined above and further understand:
Participants in this program shall defend, hold harmless, and indemnify The City and his consultants, and each of their officers, agents, and employees from and against all claims (including but not limited to claims of Contractor's agents and employees), liability, losses, damages, and expenses arising or alleged to arise from or during the performance of the work under this Program, except those losses and damages found to be caused by the sole negligence or willful misconduct of the party indemnified hereunder.**

X_____

Signature of Applicant: Date: