



VILLAGE OF BENSENVILLE
2025-2026 SENIOR / DISABLED SNOW REMOVAL PROGRAM
APPLICATION

NAME _____
STREET ADDRESS _____
BILLING ADDRESS _____
PHONE # _____

Reason for Application (please check all that apply)

- _____ I am 60 years of age or older, own the property, have no household member able to shovel my snow, and my household income is under \$65,000 per year; or
- _____ I am under age 60, disabled, own my property, have no other household member able to shovel my snow and my household income is under \$65,000 per year; and
- _____ I have enclosed a copy of my most recent property tax bill indicating ownership and senior status (exemption); or
- _____ I have enclosed a copy of Secretary of State License Disability Placard or registration of disability through Social Security.

Please list ALL household member(s) and their birthdays – including yourself.

Household Member Name

Birth Date

My driveway is (please check one)

_____Cement /Concrete _____Gravel _____Asphalt _____Grass between drive paths

List any specific hazards that we should be aware of (i.e. awnings, fence, sprinkler system, etc.)

SERVICE OFFERED (please mark **ONE** option that is appropriate for your property:

- ☐ Option 1: I have a Public Sidewalk / Corner Lot. Services include driveway, sidewalks and pathway to house/sidewalk snow removal - \$25.00.
- ☐ Option 2: I have a Public Sidewalk. Services include driveway, sidewalk and pathway to house/sidewalk snow removal - \$20.00.
- ☐ Option 3: I do **not** have a Public Sidewalk. Services include driveway and pathway to snow removal - \$15.00.

The resident(s) hereby release and hold the Village, its officers, officials, employees and contractors harmless for any damage to property or other liability, which arises directly or indirectly from the Village's snow removal program. The resident(s) hereby release and hold the Village, its officers, officials, employees, attorneys and contractors harmless for any injuries or liabilities sustained by the resident(s) or others caused, directly or indirectly by the removal or non-removal of any snow or ice from the resident(s)'s property.

VILLAGE OF BENSENVILLE

2024-2025 SENIOR / DISABLED SNOW REMOVAL PROGRAM GUIDELINES

QUALIFICATIONS:

1. Resident(s) must be 60 years or older or disabled, handicapped and/or have a severe health problem and there is no one else in the household that can shovel the snow.
2. Each household resident must provide documentation of ownership and senior status (via copy of latest property tax bill) and/or demonstrate disability status (via Secretary of State License Disability Placard or registration of disability with the Illinois Department of Aging).
3. Each household, regardless of age, disability, handicap or medical condition of any individual resident in the same household must demonstrate a combined income of \$65,000.00 or less to participate in the Program. Qualifying households may be asked to provide proof of income documentation, as determined acceptable by the Village.

GUIDELINES AND TERMS:

An application must be completed and signed on an annual basis to enroll in the program. The application is to be mailed or brought to the Village of Bensenville, Village Hall, 12 South Center Street, Lower Level, Bensenville, Illinois 60106, Attn: Heritage Center.

1. The Village will review the application and accompanying documentation and determine if the applicant qualifies for the program. If the applicant qualifies for the Program, the Village of Bensenville may complete a pre-inspection of your property.
2. The following services are being done by an independent contractor hired by the Village. Snow plowing of driveways and shoveling of sidewalks will occur after **two (2) inches or more** of snow has fallen. The Village shall, in its sole discretion, determine when 2 inches or more has fallen. Snow removal will not begin until a snow event is completed, unless snowfall is excessive. The Director of Recreation, or his designee, will determine when the contractor is to be called to begin the plowing of driveways. The resident shall pay the following for the services requested:
 1. Public Sidewalk / Corner Lot Option: includes driveway, sidewalk, pathway to driveway / sidewalk snow removal \$25.00.
 2. Public Sidewalk / Standard Lot Option: includes driveway, sidewalk, pathway to driveway / sidewalk snow removal \$20.00.
 3. No Sidewalk / Standard Lot Option: includes driveway and pathway to driveway snow removal - \$15.00.

The above amounts may be changed without further notice. The snow removal program does not include the spreading of salt or other snow/ice melting chemicals.

3. Should a snowfall exceed six inches (6") of accumulation, the customer will be charged for two (2) plows for that event. The Village reserves the right to call in the contractor as many times as necessary to assure a safe final product.
4. A monthly bill will be sent to you from the Village.
5. The resident(s) may withdraw from the Program by providing the Village with a written notice. Such notice shall include a specific withdrawal date, which shall not be less than seven (7) days from the date the notice is received by the Village. The resident(s) shall pay the Village any services rendered prior to withdrawal date. The Village may eliminate the Program at any time without notice.
6. The Village may terminate, suspend or close the enrollment period for the Program at any time.
7. The Village may limit the number of participants in the Program. In such a case, space in the Program will be filled on a first come, first serve basis.
8. As part of the Program, the Village, at any time may require the resident(s) to complete and sign additional forms.
9. If there are any issues with service for a particular event, the Village requires the resident(s) to call the Village promptly after each snow removal. This will alleviate any discrepancies between resident and contractor for billing purposes. (see enclosed paper)
10. Being a participant of the snow removal program, we request that **no one but the contractor is to remove snow.** This will alleviate any confusion for billing purposes. Failure to comply may be the cause for charges to the account and removal from the Program.

I have read the guidelines and terms and understand and agree with the guidelines and terms of the Program.

(NAME)

(ADDRESS)

(SIGNATURE)

(DATE)