

Village of Westchester

10300 WEST ROOSEVELT ROAD
WESTCHESTER, IL 60154
PHONE: (708) 345-0020 - FAX: (708) 345-0884
WWW.WESTCHESTER-IL.ORG



Application for 2025-2026 Snow Removal Rebate Program for Low-Income Seniors and Low-Income Disabled Residents

Interested residents must apply annually and meet eligibility requirements. Applications will be processed in the order they are received. **Eligible residents can submit a completed application in person or by mail to Village of Westchester, 10300 W Roosevelt Rd, Westchester, IL 60154 or via email to acanavan@westchester-il.gov. All required supplemental documents must be included.**

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Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Initial each line:

_____ I have attached a copy of proof of residency in the form of a driver's license or state ID.

_____ I have attached a copy of proof of low-income status in the form of **one** of the following: Medicaid card; Supplemental Nutrition Assistance Program (SNAP) card; **OR** proof of Low Income Home Energy Assistance (LIHEAP) enrollment.

_____ I have attached a copy of **one** of the following:

- Proof that I am 65 years of age or older in the form of a driver's license, state ID, or birth certificate; **OR**
- Proof that I meet certain disability criteria under state law in the form of an Illinois Person with a Disability Identification Card.

_____ I confirm that no persons capable of removing snow reside in the household.

_____ I understand it is my sole responsibility to coordinate service and provide payment to a contractor (must be one of the Village's registered snow removal vendors, the Village will send a list of vendors to all approved participants).

Signature: _____ Date: _____

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