

City of Rolling Meadows
Income Verification Form
For 2025-2026 Snow Season
(November 1, 2025 to April 15, 2026)

Yes, I want to participate in the Senior Snow Removal Program for driveways.

OR

No, I do not want to participate in the Senior Snow Removal Program at this time.

Name: _____ Today's Date: _____

Address: _____

Phone: _____ Birthdate: _____

Marital Status:

Single/Widowed/Divorced

Married

Spouse's Name: _____

Spouse's Birthdate: _____

Social Security, SSI benefits. Include Medicare deductions (yearly total): _____

Railroad Retirement benefits. Include Medicare deductions (yearly total): _____

Civil Service benefits (yearly total): _____

Annuity benefits (yearly total): _____

Human Services & other governmental assistance (yearly total): _____

Wages, salaries, and tips from work (yearly total): _____

Interest and dividends received (yearly total): _____

Other income: _____

Total Income: \$ _____

| Only Check 1 Box | # of Persons in Household | Income Level | City Subsidy | Homeowner Cost per Plowing |
|------------------|---------------------------|----------------------|--------------|----------------------------|
| | 1 | Above \$45,000 | 0 | \$75.00 |
| | 2 | Above \$55,000 | | |
| | 1 | \$30,000 to \$45,000 | 33% | \$50.00 |
| | 2 | \$40,000 to \$55,000 | | |
| | 1 | Below \$30,000 | 67% | \$25.00 |
| | 2 | Below \$40,000 | | |

For participants with detached garages, indicate which door is to be made accessible:

| | | |
|-------|-------|--------|
| Side: | Back: | Front: |
|-------|-------|--------|

RETURN THIS FORM BY MAIL OR IN PERSON TO:

Rolling Meadows Human Services Department
Attn: Marisol Gonzalez
3600 Kirchoff Rd
Rolling Meadows, IL 60008

Signature _____

I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.