

2024-25 SNOWBUSTERS APPLICATION

This application is used to qualify households for the 2024-25 Snowbusters Program (November 15, 2024-April 15, 2025). Please complete this application and include all necessary verification documents.

In order to qualify for free snow removal assistance, you must meet the following criteria:

- 1. Must be a Thornton resident.
- 2. Must be aged 62 years or older.
- 3. Must financially qualify by the outlined terms below.
- 4. Must not have access to snow removal assistance via members of your household.

Income qualifiers accepted:

- 1. Current approval for the Low-Income Energy Assistance Program (LEAP)
- 2. Current approval for Medicaid, Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC) or Temporary Assistance for Needy Families (TANF)
- 3. Income qualified based upon the total gross household income of all members of the household aged 18 or over. See guidelines on the reverse side.

Full Nan	ne: Date of Birth:		
Address	s, City, State, ZIP:		
Daytime	Phone Number:		
Email: _			
1.	Are you currently approved for LEAP? Yes No		
2.	2. Are you currently approved for Medicaid, SNAP, WIC, or TANF? Yes No		
3.	Are you qualifying based on total gross household income? Yes No		
	If yes, what is household size? Gross Monthly Income		
AFFIDAVIT			
under: City po	fy that the information provided on and with this application is true and correct to the best of my knowledge. I stand that if I have provided false or misleading information, I will be denied assistance. I will comply with all olicies and ordinances for this program. I understand that income-qualified applicants will need to apply every dar year for this assistance if needed.		
Print Fu	ıll Name of Applicant		
Applica	unt's Signature Date		

HOUSEHOLD INCOME LIMIT GUIDELINES UPDATED OCTOBER 2023			
Household Size	Gross MONTHLY Income Limits	Gross ANNUAL Limits	
1	\$3,081	\$36,972	
2	\$4,030	\$48,360	
3	\$4,978	\$59,736	
4	\$5,926	\$71,112	
5	\$6,875	\$82,500	
6	\$7,823	\$93,876	
7	\$8,001	\$96,012	
8	\$8,179	\$98,148	
Each Additional Person: \$177			

DOCUMENTATION REQUIRED

If Leap Approved:

- > Government Issued ID
- ➤ Leap Approval Letter (current year)

If Medicaid, SNAP, WIC, or TANF Approved: for every person in the household over 18

- > Government Issued ID
- ➤ Medicaid, SNAP, WIC, or TANF Benefits Approval Letter (current year)

If you are not currently approved for LEAP, Medicaid, SNAP, WIC or TANF, you may qualify based on your household income.

- > Government Issued ID o A copy of your most recent bank statements for all adults (18+) living in the home.
- ➤ A copy of all income documents for all adults (18+) living in the home. (Tax Returns, Paystub, Social Security Income Letter, Retirement, Unemployment, etc.)



Submit your application in person to Thornton Snowbusters, 11181 Colorado Blvd., Thornton, CO 80233 or email your application to Jessica.Romito@ThorntonCO.gov. Questions? Please call 720-977-5851.