

**City of Chiloquin, Oregon
Snow Angel Program
Disabled and Low-Income Statement**

Address: _____

Name of Resident: _____

Name of Spouse: _____

LIST ALL OTHER RESIDENTS AT THIS ADDRESS AND THEIR AGES

Name

(Use the back of this sheet for any additional residents. We must have a Medical Disability Statement completed for each resident aged 18 and older.)

Total Annual Income for all residents at this address: Including but not limited to wages, salary, investments, social security, retirement, veteran's benefits, unemployment, workers comp, child support, inheritance:

\$ _____ *Please note income guidelines attached.*

I declare that I have examined this application and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that I am the principal resident of the above address. I will be advised if I am successfully registered for this program.

Signature

Date

**City of Chiloquin, Oregon
Snow Angel Program
Medical Disability Statement
(To be filled out by your physician)**

Date _____ Patient Name: _____

- I attest that this patient has a permanent disability that prevents him/her from shoveling snow.

- I attest that this patient has a temporary disability that prevents him/her from shoveling snow for this snow season.

Physician Signature

Physician Name

(Please Print)

Physicians, please staple a prescription sheet from your office to this form.

City of Chiloquin, Oregon
Snow Angel Program

WAIVER OF LIABILITY

The undersigned person is the principal resident at the residence located at _____ within the city limits of the City of Chiloquin.

The undersigned person has provided a completed Snow Angel application, along with any and all required documentation.

In consideration of the Snow Angel Volunteer performance of snow removal of the berm at the above residence, the undersigned agrees to indemnify, defend, hold harmless and release the City, its officers, agents and employees, as well as the Snow Angel Volunteers, from and against any and all loss, liability, personal injury, property damage, claims, costs and expenses, including attorneys' fees, which may be incurred directly or indirectly as a result of the Snow Angel Program, and agrees not to sue the City, any member of its Public Works Department, or any other City officers, agents or employees, as well as the Snow Angel Volunteers for any such injury, loss or damage which may be suffered by the undersigned by any reason other than by negligence of the City, and member of its Public Works Department, or any other City officers, agents or employees, as well as the Snow Angel Volunteers.

Nothing herein contained shall confer any rights on the undersigned or any third party or on the heirs or personal representatives of the undersigned.

The City reserves the right to manage, revise or terminate the Snow Angel Program at any time and for any reason that it deems sufficient.

This waiver shall be binding on and inure to the benefit of the heirs, executors, administrators, successors and assigns of the respective parties hereto.

Signature

Printed Name

Date



FY 2023 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov HUD User Home Data Sets Fair Market Rents Section 8 Income Limits MTSP Income Limits HUD LIHTC Database

FY 2023 State Income Limits

Oregon

Median Family Income

\$98,800

Very Low-Income Limit (VLIL)

50% of Median*

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$33,650	\$38,500	\$43,300	\$48,100	\$51,950	\$55,800	\$59,650	\$63,500

Extremely Low-Income Limit (ELIL)

30% of Median*

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$20,200	\$23,050	\$25,950	\$28,850	\$31,150	\$33,450	\$35,750	\$38,050

Low-Income Limit (LIL)

80% of Median*

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
\$53,850	\$61,550	\$69,250	\$76,950	\$83,100	\$89,250	\$95,400	\$101,550

*Note: Income Limits may not equal exactly 50%, 30%, or 80% of the statewide Median Family Income due to the application of ceilings and floors.

Select any FY2023 HUD Metropolitan FMR Area's Income Limits:

Abilene, TX MSA

Select HMFA Income Limits Area

Or press below to start over and select a different