



Snow Busters Program
 15151 E Alameda Pkwy, Suite 4500
 Aurora, Colorado 80012
 303.739.7280

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SNOW BUSTERS Assistance Application

Contact Information (please print):

Name: _____
First Name Last Name

Address: _____ AURORA, CO _____
Street Zip

Phone: _____
Home Other (cell or work)

E-mail: _____ N/A

Eligibility:

Snow Busters is for low income Aurora residents who are at least 60 years of age and/or individuals with disabilities. A single-person household can earn up to \$21,000 and a 2-person household can earn up to \$27,000 a year to be eligible.

Do you own your property?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a senior citizen? (Over age 60)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any non-seniors in your household?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your physical disability prevent you from shoveling snow?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your income qualify you for this program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any relatives living in the metro Denver area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what city do they live in?		
Do you own a snow shovel that the volunteer may use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your house on a corner lot?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTINUED ON REVERSE SIDE

General Information:

Please read all of the information below and initial each line to show that you understand the program guidelines and your responsibilities.

_____ I understand Snow Busters are volunteers who have been asked to clear ONLY the public sidewalk associated with my property of snow within 24 hours after a snowfall of 2 or more inches. Snow Busters are not required to shovel driveways, decks, backyard sidewalks, or any other area.

_____ I understand this is a volunteer program. Applying does not guarantee I will be matched with a Snow Buster. I understand applications are processed on a first-come, first-served basis and matches are made with volunteers that live within a 3-mile radius of my home.

_____ I understand my Snow Buster will be given my name and phone number so they can contact me about shoveling my sidewalk or to notify me when they are unable to clear my snow.

_____ I understand that on days where my Snow Buster is unable to clear my snow, I am still responsible for snow removal. I may contact the Volunteers of America snow removal program at 303-297-0408.

_____ I understand if someone else has cleared my sidewalk, I will call my Snow Buster as soon as possible so they do not make an unnecessary trip to my house.

_____ I understand if the snow will likely melt in 24 hours, the Snow Buster will likely not come to my house.

_____ I understand a city of Aurora employee will contact me when they have matched me with a Snow Buster.

_____ I understand this is an annual program. I will need to complete an application each year that I am seeking assistance.

_____ I understand I will notify the city of Aurora at 303-739-7280 if I no longer require assistance.

I qualify for this program and agree to the conditions stated in the General Information section.

Signature _____ Date _____

Please email the completed application to:
neighborhood@auroragov.org

Or mail to:
City of Aurora Snow Busters Program
Housing and Community Services
15151 E Alameda Pkwy, Suite 4500
Aurora, CO 80012