

# Division of Community Housing

N8618 Oak Street • Bowler, WI 54416 • Voice: 715-793-4219 • FAX: 715-793-4529

## NOTICE FOR FREE SNOW REMOVAL

### To be eligible:

**FREE:** Must be S/M Enrolled; aged 65 + years, or verified disabled aged 40+ yrs, Or aged 65+ yrs Widows & Widowers of an enrolled member

**Residency:** you must reside within the boundaries of Bartelme and Red Springs or the towns of Bowler and Gresham.

If you were on the snow plowing list last year, you will continue to receive snow plowing services this season unless you contact us about a change or we receive other verification of a change in your eligibility.

If you are a person that is just turning 65 and you did not receive free snow removal last winter, PLEASE come to the Housing Office to register so your name can be placed on the specific list (by address) for snow plowing.

Enrolled persons who are aged 55-64 yrs old, live in the service area and wish to have your driveway plowed, you can submit your registration and pay the \$100.00 fee at the Housing Office. You will not receive plowing services without verification of payment.

For questions on this program or your eligibility, you can call the Housing Office at; 715-793-4219.



**Mohican Nation—Stockbridge-Munsee Band**

**Stockbridge-Munsee Community Division of Community Housing  
Authorization for Snow Removal and Lawn Care Services**

My signature below, authorizes departments of the S/M Tribe; Housing, P&E, and any other tribal program that provides the services, to come to my address, as listed below, in order to provide snow removal (in season) on the driveway, shovel sidewalks or ramps to my entrances, to mow the lawn (in season) and provide weed eating services. The address listed below is my primary residence. I acknowledge that the departments of the S/M Tribe are not responsible for damages that may result during the provision of snow and lawn services. I acknowledge that I must remove personal property and other items, in order for services to be provided.

Enrolled S/M members, who are aged 55-64 yrs., and have no proof of disability, are **NOT** eligible for any Lawn Care Services and are required to prove they have paid the required \$100.00 for snow removal services (submit a copy of receipt).

**PLEASE SELECT THE CATEGORY BELOW THAT YOU FIT INTO;**

I am \_\_\_\_ S/M enrolled, aged 65 yrs or older. Lawn and snow services are free.

I am \_\_\_\_ S/M enrolled, with a proven disability aged 40-64 yrs old.

\_\_\_\_ I am a new applicant for Services and have attached verification of my Disability **OR**

\_\_\_\_ I have received these services in the past and my verification is on file.

I am \_\_\_\_ I am a 65 yr old or older, widow or widower of an S/M enrolled member

Provide the name of the deceased spouse \_\_\_\_\_

I am \_\_\_\_ an enrolled S/M member, aged 55-64 yrs, and NOT disabled. I acknowledge that I am NOT eligible for LAWN SERVICES OF ANY KIND. However, I have attached a copy of the receipt or payroll withholding, showing I have paid or am paying the \$100.00 fee for snow removal. I acknowledge that I will NOT receive snow removal services until proof has been provided that this service has been paid for.

Print Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

For persons aged 65+ yrs old and/or proven disabled, your authorization will remain on file, we will not send another form each year, once your name is on the list you will continue to receive services at this address until there is a change reported by you or verified by our office.