

CITY OF BEREA

"The Grindstone City"

Cyril M. Kleem
Mayor

11 Berea Commons
Berea, Ohio 44017
(440) 826-5800
(440) 234-5628

Website: www.cityofberea.org

March 3, 2025

Dear Berea Resident,

The Grass, Leaf and Snow program qualifications have changed – please read this letter in full before sending in an application. We ask that you look to your family, friends and neighbors for assistance before applying for this program. These free services are designed for those who have no other options for assistance. We will assign someone to help evaluate your situation.

Please review the enclosed application entirely and indicate which of the three services you require. To be considered for any of these programs, you must meet all of the following criteria (*Source 2020 Federal Poverty Guidelines. Office of the Asst. Secretary of Planning & Evaluation/ US Dept. of HHS*).

YOU MUST:

- Be a senior citizen (60 years of age or older) or disabled (*If disabled, you must show proof with a Social Security disability verification letter*)
- Own and occupy the home in Berea
- Not reside with an able-bodied individual or have an able-bodied family member or friend near by
- Make \$33,820 a year or less for a household of one and up to \$42,660 for a household of two occupants.
- Show proof of income for every individual in the home - i.e. **IRS tax return with pension and retirement income.** If you do not file taxes we will, only then, accept the Form SSA-1099-Social Security Benefit Statement. In this case, we will also require any documentation for pensions, etc.

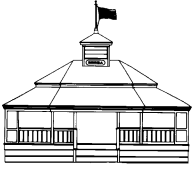
If you meet all of the above qualifications, please complete and return the application along with all pertinent information by April 9, 2025 – **we will not** accept applications for grass cutting after this date.

For those only applying for leaf raking, **we will not** accept applications after October 1, 2025.

For those only applying for snow removal, **we will not** accept applications after November 1, 2025.

There will be no exceptions for these deadlines, unless you have moved to Berea after these dates.

Even if you have been on the program before, you **MUST** provide the above required documents as proof of income for 2024/2025. When making copies of these documents, please conceal/redact your Social Security number.



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Grass cutting will begin the week of May 5th and end the week of September 29th. It is your responsibility to make sure that your yard is ready for cutting—you must have your dog droppings and miscellaneous branches cleaned up. Rear access **must be accessible** for us to mow and rake leaves. **Due to heat and low growth, grass cutting will be done every other week during the months of July, August and September.**

Leaf raking is **ONLY** done once a year by volunteers on a predetermined scheduled date. **NO EXCEPTIONS**

Snow plowing includes **the driveway only** and will be done after the snow has accumulated 3 inches or more and has **stopped** falling. It may not be until the following day/evening that your driveway is plowed.

If you have any questions or concerns regarding any of these programs, please call Waleska Fuentes Calero 440-973-4740 or Lori Overbaugh 440-202-0272.

Please mail the completed application, along with proof of income to:
Berea Community Outreach
398 W. Bagley Road, Suite #3
Berea, Ohio 44017

I am pleased to offer this community service to help our senior and disabled citizens.

Sincerely,

Mayor Cyril Kleem

2025 Grass, Leaf, & Snow Removal Application

IN ORDER TO PARTICIPATE IN THIS PROGRAM, YOU MUST: COMPLETE & RETURN TO:

Berea Community Outreach, 398 West Bagley Road, Suite #3, Berea, OH. 44017

Name: _____ Spouse's Name: _____

Address: _____ Phone Number: _____

Date of Birth: _____ Spouse's Date of Birth: _____

- | | | |
|---|-----------|----------|
| 1) Are you over 60 years old or disabled? | Yes _____ | No _____ |
| 2) Is there an able-bodied person living in your house? | Yes _____ | No _____ |
| 3) Is your house number clearly visible from the street? | Yes _____ | No _____ |
| 4) Does your yearly household income exceed \$33,820 for an individual or \$42,660 for two occupants? | Yes _____ | No _____ |
| 5) Do you own and occupy the residence? | Yes _____ | No _____ |
| 6) Do you have a paved driveway? | Yes _____ | No _____ |
| 7) How many people reside in your home? _____ | | |

YOU MUST: check the programs below in which you would like to participate for 2025:

Grass Cutting	Yes _____	No _____
Leaf Raking	Yes _____	No _____
Snow Removal	Yes _____	No _____

RELEASE

- It is agreed that the City of Berea, its employees or agents will have the right to enter onto and depart from the real property listed on the Application for the purposes of grass cutting, leaf raking, or driveway snow removal.
- In consideration of the City of Berea cutting grass, raking leaves, and/or removing snow, the undersigned owner, occupant and/or agents or assigns of the property listed above, assumes all risks for claims, known or unknown arising from the authorized entrance and performance of work on the property.
- I agree that I and my heirs, guardians, legal representatives and assigns will not make a claim against the City of Berea, its employees or agents, for any injury, death, or property damage occurring in the course of performing work on my property, whether caused by the negligence of the City of Berea, its employees or agents or otherwise.
- I agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion of the agreement is held invalid, it is agreed that the balance will, notwithstanding, continue in full legal force and effect.
- I have carefully read the above release and Application and fully understand its contents and sign this release as my own free act.
- I certify that all statements made on this Application are true and that the City of Berea reserves the right to accept or deny any application based upon the information presented.

THIS APPLICATION MUST BE SIGNED ONLY BY THE HOMEOWNER

Signature: _____ Date: _____

OFFICE USE ONLY:

Date Received: _____ Monthly Income: _____ Approval: _____