

2022/2023 Winter Season (November to April)

Send your completed application to the attention of: **City of Brampton, Public Works & Engineering Mail:** 1975 Williams Parkway, Brampton, ON L6S 6E5 **Email a scanned copy to:** <a href="mailto:roads@brampton.ca">roads@brampton.ca</a> or **Fax:** 905.874.2599. You can also drop off your completed application at Service Brampton City Hall Kiosk, 2 Wellington Street West, Brampton ON, L6Y 4R2

Note: Applications received after April 30, 2023 will not be processed.

If you require this form in an alternate format, please email accessibility@brampton.ca

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Applicant Information (Incomplete applications will be re Last Name	eturned.) First Name Initial		
Address	Postal Code		
Date of Birth Telephone No.			
DD MM YYYY			
Tax Roll # (Refer to your tax bill)	Email Address		
10 0000			
Property Type: (check one)	Qualification Type: (check one)		
☐ Non Corner Lot	☐ Senior Citizen (65+) – Applicants MUST PROVIDE		
☐ Corner Lot	copy of birth certificate, driver's license or passport.		
(Two sidewalks both not cleared by the City)	☐ Applicant with a Permanent Physical Disability		
☐ All Other Corner Lots (See Qualifications)	(if under 65, See Qualifications) (Medical Form located on back of this page)		
<u>Declaration</u>			
I wish to apply for a grant under the City of Brampton Snow Removal Financial Assistance Program and hereby certify that:			
<ul> <li>I own and occupy the property described in this application as my personal residence.</li> </ul>			
I am 65 (sixty-five) years of age or older OR an applicant with a permanent physical disability.      I have not also an applicant for any other property during the agency winter agency.			
<ul> <li>I have not claimed a snow removal grant for any other property during the same winter season.</li> <li>This property is not a condominium dwelling whereby all snow removal is the direct responsibility of the condominium</li> </ul>			
corporation.  Note: Rebates for snow removal services will not apply for costs incurred prior to turning 65 years of age unless you are an			
applicant with a permanent physical disability.			
I understand the qualifying terms and conditions as outlined.	DDMMYYYY		
Signature of Applicant	Date		
Incomplete or misleading information may result in the refusal of this application.			



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#### NOTE: MEDICAL PROOF NOT REQUIRED IF APPLICANT IS OVER 65 YEARS OF AGE

Medical Information	
Medical information must be filled out by a Canadian Regulated Healt	h Practitioner.
A licensed physician, chiropractor, nurse practitioner (extended class) therapist may certify the applicant's condition on this application.	, physiotherapist or occupational
Eligibility Requirements	
The applicant has a permanent physical disability that prevents or res snow off of their property.	tricts their ability to physically clear
Medical Certification	
I hereby certify the applicant has a permanent physical disability and requirements as listed above.	meets the necessary eligibility
Name of Applicant (please print)	
Applicant's Address (please print)	Please Print or Stamp Name & Address of Regulated Health Practitioner
Signature of Regulated Health Practitioner	
Date Practitioner's Phone No.	
DD MM YYYY	
Additional Comments (optional)	
(opasital)	

#### **QUALIFICATIONS**



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City Council has authorized a Financial Assistance Program to assist senior citizens and homeowners with a permanent physical disability with costs incurred from hiring a service provider to remove snow from their sidewalks and driveways.

#### To qualify, the applicant must meet the following criteria:

- 1. Own and occupy the property on which the application is made.
- 2. Be 65 years of age or older at the date of application or be an applicant with a permanent physical disability.
- 3. Not have claimed a credit on any other property for the same winter season.
- 4. Not live in a condominium dwelling whereby all snow removal is the direct responsibility of the condominium corporation.

#### **Medical Information**

#### If not over 65, applicant must provide one of the following:

- 1. Medical proof from a Canadian Regulated Health Practitioner using the attached medical form located on the back of the application form.
- 2. A copy of the Accessible Parking Permit issued by the Ministry of Transportation.

### Qualifying applicants of a residential property can receive a rebate based on their property type as follows:

- 1. Non Corner Lots up to a maximum \$300.00 rebate
- 2. Corner Lots with sidewalks on two sides of the property and where both/or any portion of sidewalks are not cleared by the City up to a maximum \$400.00 rebate
- 3. All Other Corner Lots up to a maximum \$300.00 rebate (with no sidewalks, one sidewalk, two sidewalks one city cleared, two sidewalks both city cleared)

#### If you meet the criteria listed above, fill out the application form and send it by April 30, 2023:

Mail or drop off completed application:
City of Brampton, Public Works & Engineering
1975 Williams Parkway, Brampton, ON L6S 6E5
Fax: 905.874.2599

Email a scanned copy to: roads@brampton.ca

You can also drop off applications at:
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2 Wellington Street West
Brampton, ON L6Y 4R2

Inquiries: 3-1-1

Use the Reimbursement Form on the reverse side for tracking costs.



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#### REIMBURSEMENT FORM

Throughout the winter months, use this **Reimbursement Form** to track dates and the cost of each service. For each service occurrence, you must obtain a signature from your service provider and/or attach receipts. Sign, date and return your Reimbursement Form as soon as you have paid out your maximum allowance. Incomplete forms will be returned.

#### **IMPORTANT DATES**

Your Application Form is due April 30, 2023.

Reimbursement Forms received after July 31, 2023 will not be processed. Subsidy payments for this program will not commence until January 2023.

Name of Applicant:		
Address:	Postal Code:	
Email Address:		
Tra	ck Costs below (attach additiona	al pages if necessary)
DATE OF SERVICE	COST INCURRED	SIGNATURE OF SERVICE PROVIDER
APPLICANT, SIGN AND DATE: I hereby certify the above infor	mation is correct.	,
Signature of Applicant		DD MM YYYY
Mail or drop off completed form & receipts at: You can also drop off form & receipts at:		

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