

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:** <u>roads@brampton.ca</u> 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

Applicant Information (Incomplete applications will be re	eturned.)					
Last Name	First Name	Initial				
Address	Postal Code					
Date of Birth	Telephone No.					
DD MM YYYY						
Tax Roll # (Refer to your tax bill)	Email Address					
Property Type: (check one)	Qualification Type: (check one)					
Non Corner Lot	Senior Citizen (65+) – Applicants MUST PL copy of birth certificate, driver's license or pas					
Corner Lot (Two sidewalks both not cleared by the City)	 Applicant with a Permanent Physical I 					
□ All Other Corner Lots (See Qualifications)	(if under 65, See Qualifications) (Medical Form located on back of this page)	Joubinty				
Declaration	1					
I wish to apply for a grant under the City of Brampton Snow Removal Financial Assistance Program and hereby certify that:						
 I own and occupy the property described in this application as my personal residence. 						
 I am 65 (sixty-five) years of age or older OR an applicant with a permanent physical disability. 						
 I have not claimed a snow removal grant for any other property during the same winter season. 						
 This property is not a condominium dwelling whereby all snow removal is the direct responsibility of the condominium corporation. 						
<u>Note: Rebates for snow removal services will not apply for costs incurred prior to turning 65 years of age unless you are an</u> applicant with a permanent physical disability.						

I understand the qualifying terms and conditions as outlined.		55		2000/	
Signature of Applicant	Date				
Incomplete or misleading information may result in the refusal of this application					

The personal information on this form is collected under authority of Section 8 of the Municipal Act, S.O. 2001, c.25. The information will only be used for the purpose of the administering the Snow Removal Financial Assistance Program. Questions about the collection of personal information should be directed to the Permits Supervisor, Williams Parkway Operations Centre – 1975 Williams Parkway, Brampton ON L6S 6E5 – Telephone: 3-1-1.



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 Health Practitioner.

A licensed physician, chiropractor, nurse practitioner (extended class), physiotherapist or occupational therapist may certify the applicant's condition on this application.

Eligibility Requirements

The applicant has a permanent physical disability that prevents or restricts their ability to physically clear snow off of their property.

Medical Certification

I hereby certify the applicant has a permanent physical disability and meets the necessary eligibility requirements as listed above.

Name of Applicant (please print)

Applicant's Address (please print)

Signature of Regulated Health Practitioner

Date		
DD	MM	YYYY

Practitioner's Phone No.

Additional Comments (optional)

QUALIFICATIONS

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For inquiries contact: Public Works & Engineering @ 3-1-1 Monday to Friday from 8:30 a.m. to 4:30 p.m. or visit: <u>www.brampton.ca/snowgrant</u>

Ensure to keep a copy for your records

Please Print or Stamp
Name & Address of
Regulated Health Practitioner



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 <u>one</u> 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:

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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:

Postal Code:

Email Address:

Address:

Track Costs below (attach additional pages if necessary)						
DATE OF SERVICE	COST INCURRED	SIGNATURE OF SERVICE PROVIDER				
APPLICANT, SIGN AND DATE: I hereby certify the above information is correct.						
Signature of Applicant						
Mail or drop off completed form & receipts at: City of Brampton, Public Works & Engineering 1975 Williams Parkway, Brampton, ON L6S 6E5 Fax: 905.874.2599You can also drop off form & receipts at: 						

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