

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:** srfap@brampton.ca 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 (page 1) received after April 30, 2024 will not be processed.

If you require this form in an alternate format, please email accessibility@brampton.ca						
Applicant Information (Incomplete applications will be Last Name		returned.) First Name			Initial	
Address				Postal Code	e	
Date of Birth		Telephone No.				
DD MM YYYY		l l		_	1 1	
Tax Roll # (Refer to your tax b	Email Address					
10	0000					
Property Type: (check one) ☐ Non-Corner Lot ☐ Corner Lot (Two sidewalks both not cleared by the city) ☐ All Other Corner Lots (See Qualifications)	Eligibility Criteria: (check one) ☐ Primary Renter at single- family residence - Applicant must provide proof you are the primary renter. ☐ Registered Homeowner		 Qualification Type: (check one) ☐ Senior Citizen (65+) - Applicant must provide a copy of birth certificate, driver's license or passport. ☐ Applicant with a Permanent Physical Disability (If under 65, see qualifications. Medical Form located on the back of this page) 			
 I wish to apply for a grant under the City of Brampton Snow Removal Financial Assistance Program and hereby certify that: I am the owner or the primary tenant who occupies 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. 						
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.						
Signature of Applicant Incomplete or mi	sleading information may	result in the	Date			



Note: Medical proof is not required if the applicant is over 65 years of age

Medical Information	j				
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 re snow off of their property.	stricts their ability to physically clear				
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)					
	Please Print or Stamp Name & Address of				
Applicant's Address (please print)	Regulated Health Practitioner				
Signature of Regulated Health Practitioner					
Date Practitioner's Phone No.					
DD MM YYYY					
Additional Comments (optional)					



Qualifications

City Council has authorized a Financial Assistance Program to assist senior citizens and residents 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. The owner or primary renter must 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.
- 5. Only **one** application per municipal address may be approved.

Medical Information

If not over 65, the 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:

- 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, 2024.

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: srfap@brampton.ca

You can also drop off applications at: Service Brampton – City Hall Kiosk

2 Wellington Street West Brampton, ON L6Y 4R2 Inquiries: 3-1-1

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



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 (page 1) is due April 30, 2024.

Reimbursement Form (page 4) received after July 31, 2024 will not be processed.

Subsidy payments for this program will not commence until January 2024.

Name of Applicant:					
Address:					
Telephone Number:	Email 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		Date DD MM YYYY			
Mail or drop off completed application: You can also drop off applications at: Inquiries:					

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: srfap@brampton.ca

You can also drop off applications at:Service Brampton – City Hall Kiosk

2 Wellington Street West Brampton, ON L6Y 4R2 nquiries 3-1-1