

# Application for Snow Removal Financial Assistance for Seniors and Physically Challenged Citizens



2018/2019 Winter Season (November to April)

Send your completed application to the attention of: **City of Brampton, Public Works**  
**Mail:** 1975 Williams Parkway, Brampton, ON L6S 6E5 **Email a scanned copy to:** roads@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 received after April 30, 2019 will not be processed.**

<b>Applicant Information</b> <i>(Incomplete applications will be returned.)</i>								
<b>Last Name</b>	<b>First Name</b>	<b>Initial</b>						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
<b>Address</b>		<b>Postal Code</b>						
<input type="text"/>		<input type="text"/>						
<b>Date of Birth</b>	<b>Telephone No.</b>							
<table border="1"><tr><td>DD</td><td>MM</td><td>YYYY</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DD	MM	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
DD	MM	YYYY						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
<b>Tax Roll #</b> <i>(Refer to your tax bill)</i>	<b>Email Address</b>							
10 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0000	<input type="text"/>							
<b>Property Type:</b> <i>(check one)</i>	<b>Qualification Type:</b> <i>(check one)</i>							
<input type="checkbox"/> Non Corner Lot	<input type="checkbox"/> Senior Citizen (65+) – Applicants <b>MUST PROVIDE</b> copy of birth certificate, driver's license or passport.							
<input type="checkbox"/> Corner Lot <i>(Two sidewalks both not cleared by the City)</i>	<input type="checkbox"/> Physically Disabled <i>(if under 65)</i> <i>(See Qualifications)</i> <i>(Medical Form located on back of this page)</i>							
<input type="checkbox"/> All Other Corner Lots <i>(See Qualifications)</i>								
<b>Declaration</b>								
I wish to apply for a grant under the City of Brampton Snow Removal Financial Assistance Program and hereby certify that:								
<ul style="list-style-type: none"><li>I own and occupy the property described in this application as my personal residence.</li><li>I am 65 (sixty-five) years of age or older OR physically challenged.</li><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 corporation.</li></ul>								
<u>Note: Unless physically challenged, rebates for snow removal services will not apply for costs incurred prior to turning 65 years of age.</u>								
I understand the qualifying terms and conditions as outlined.								
<b>Signature of Applicant</b>	<input type="text"/>	<b>Date</b>						
		<table border="1"><tr><td>DD</td><td>MM</td><td>YYYY</td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	DD	MM	YYYY	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY						
<input type="text"/>	<input type="text"/>	<input type="text"/>						
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: 905.874.2500.

**For inquiries contact:**  
**Public Works @ 905.874.2500 or 3-1-1**  
**Monday to Friday from 8:30 a.m. to 4:30 p.m. or visit: [www.brampton.ca/snowgrant](http://www.brampton.ca/snowgrant)**

# Application for Snow Removal Financial Assistance for Seniors and Physically Challenged Citizens



**2018/2019 Winter Season** (November to April)

**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

To be permanently confined to a wheelchair, restricted to the permanent use of crutches or braces, or otherwise be permanently disabled in such a way as to restrict physical mobility.

## Medical Certification

I hereby certify the applicant has a permanent disabling condition 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.

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Please Print or Stamp  
Name & Address of  
Regulated Health Practitioner

**Additional Comments** (optional)

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**2018/2019 Winter Season** (November to April)

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## QUALIFICATIONS

City Council has authorized a Financial Assistance Program to assist senior citizens and physically disabled homeowners 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 permanently confined to a wheelchair, restricted to the permanent use of crutches or braces, or otherwise be permanently disabled in such a way as to restrict physical mobility.
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, the physically disabled 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 \$200.00 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 \$300.00 rebate
3. All Other Corner Lots – up to a maximum \$200.00 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, 2019:**

**Mail or drop off completed application:**

City of Brampton, Public Works  
1975 Williams Parkway, Brampton, ON L6S 6E5  
Fax: 905.874.2599  
Email a scanned copy to: [roads@brampton.ca](mailto:roads@brampton.ca)

**You can also drop off applications at:**

Service Brampton – City Hall Kiosk  
2 Wellington Street West  
Brampton, ON L6Y 4R2

**Inquiries:**

905.874.2500 or 3-1-1

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

**Snow Removal Financial Assistance  
For Seniors & Physically Challenged Citizens  
REIMBURSEMENT FORM**



**2018/19 Winter Season November – April**

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, 2019.  
Reimbursement forms received after July 31, 2019 will not be processed.  
Subsidy payments for this program will not commence until January 2019.

**Name of Applicant:**

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**Address:**

**Postal Code:**

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**Email Address:**

**Track Costs below (attach additional pages if necessary)**

<u>DATE OF SERVICE</u>	<u>COST INCURRED</u>	<u>SIGNATURE OF SERVICE PROVIDER</u>

**APPLICANT, SIGN AND DATE:**

I hereby certify the above information is correct.

**Signature of Applicant**

DD                  MM                  YYYY

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**Mail or drop off completed form & receipts at:**  
**City of Brampton, Public Works**  
**1975 Williams Parkway, Brampton, ON L6S 6E5**  
**Fax: 905.874.2599**  
**Email a scanned copy to: [roads@brampton.ca](mailto:roads@brampton.ca)**

**You can also drop off form & receipts at:**  
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**Inquiries:**  
**905.874.2500 or 3-1-1**

## **ELECTRONIC FUNDS TRANSFER**

Electronic Funds Transfer (EFT) is the City of Brampton's preferred method of payment.

This ensures payments are directly deposited into your bank account the same day payment is scheduled.

It ensures a secure, convenient and quicker receipt of payments.

To sign up for Electronic Funds Transfer, please fill in the attached Direct Deposit form and return via email to [accountspayable@brampton.ca](mailto:accountspayable@brampton.ca).

If regular mail is preferred, mail to:

City of Brampton  
2 Wellington Street W.  
Brampton ON L6Y 4R2

**Attention:** Accounts Payable

Thank you

Accounts Payable  
Corporation of the City of Brampton



# ACCOUNTS PAYABLE DIRECT DEPOSIT SET-UP FORM (for Vendors)

## STEP#1: VENDOR INFORMATION

Type of Request:       1<sup>st</sup> Time Set-up                       Update of Information

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: (        )

## STEP#2: ACCOUNT INFORMATION

**OPTION-A (VOID CHEQUE ATTACHED)** - For your payment to be deposited to your account please staple a cheque to this form in this area and ensure the word VOID is written across the face of the cheque.

-- OR --

**OPTION-B (WITHOUT A VOID CHEQUE)** - For your payment to be deposited to your account please have your bank provide and authorize the following information:

Bank Name: \_\_\_\_\_

Bank Addr: \_\_\_\_\_

Transit #: \_\_\_\_\_ Bank #: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank authorization of above account information: \_\_\_\_\_

## STEP#3: REMITTANCE INFORMATION

Contact Phone #: (        ) \_\_\_\_\_ - \_\_\_\_\_

Remittance Method:     Email\*    Email Addr: \_\_\_\_\_

(choose one)             Fax        Fax #: \_\_\_\_\_

E.D.I. Remittance (Electronic Data Interchange)

None

*\* Please note: Email is not a secure form of communication and we cannot guarantee that your message will not be viewed by someone else. Confidential banking information will NOT be included on email remittance advice (see SAMPLE on reverse/next page).*

## STEP#4: SIGNATURE & DATE

I authorize The Corporation of the City of Brampton to deposit my Accounts Payable payments to the bank and account and issue my remittance advice as indicated on this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP#5: MAIL OR FAX THIS FORM

Mail this form to:  
City of Brampton  
ATTENTION: Accounts Payable Supervisor  
2 Wellington Street West, 2<sup>nd</sup> Floor  
Brampton, Ontario  
L6Y 4R2  
or e-mail to [accountspayable@brampton.ca](mailto:accountspayable@brampton.ca)

The personal information on this form is collected under authority of the Municipal Act, SO 2001, c.25 and will be used for the purpose of providing Direct Deposit payments for City vendors. Questions about the collection of personal information should be directed to the Accounts Payable Supervisor, 2 Wellington Street West, 2<sup>nd</sup> Floor, Brampton, Ontario, L6Y 4R2, Tel: 905 874 2239

# ACCOUNTS PAYABLE DIRECT DEPOSIT SET-UP FORM (for Vendors)

**From:** corporate.e-commerce@rbc.com  
**Sent:** 2005/01/27 4:17 PM  
**To:** JDOE@ABCCOMPANY.COM  
**Subject:** Payment Receipt Advice

THE CORPORATION OF THE CITY OF BRAMPTON                      ABC COMPANY LIMITED

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Payment Information

Payor: CITY OF BRAMPTON    Effective Payment Date: January 30, 2005  
 Payment Amount: \$        700.00 CAD                                      Payment Trace #: REV-000197

Direct Responses/Queries to:  
 ap.remittance@brampton.ca

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**Sample Email Remittance Advice**

Remittance Information

Reference Code	Reference Information	Date	Total Amount	Discount Taken	Amount Paid
Invoice Number Voucher	62255101 00325838	01/21/2004-Invoice	300.00	0.00	300.00
Invoice Number Voucher	40120187 00325839	01/13/2004-Invoice	400.00	0.00	400.00

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This e-mail message is information only. Please do not reply.  
 Queries are to be directed to the e-mail address provided in the payment information section above.