

Application for Snow Removal Financial Assistance for Seniors and Applicants with a Permanent Physical Disability 2024/2025 Winter Season (November to April)



Great News! You can now apply online or submit a paper application if you prefer.

Submit your completed application to the City of Brampton, Public Works & Engineering by one of the following methods:

- **Mail or In-Person:** 1975 Williams Parkway, Brampton, ON L6S 6E5 or Service Brampton City Hall Kiosk, 2 Wellington Street West, Brampton, ON L6Y 4R2
- **Email:** Send a scanned copy to srfap@brampton.ca
- **Fax:** 905.874.2599
- **Online:** Apply through the City of Brampton's website under Roads and Traffic | Snow Removal Financial Assistance.

Note: Applications (page 1) received after April 30, 2025 will not be processed. If you require this form in an alternate format, please email accessibility@brampton.ca

Applicant Information (Incomplete applications will be returned.)

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
10 0000	

<p>Property Type: (check one)</p> <p><input type="checkbox"/> Non-Corner Lot</p> <p><input type="checkbox"/> Corner Lot (Two sidewalks both not cleared by the city)</p> <p><input type="checkbox"/> All Other Corner Lots (See Qualifications)</p>	<p>Eligibility Criteria: (check one)</p> <p><input type="checkbox"/> Primary Renter at single-family residence - Applicant must provide proof you are the primary renter.</p> <p><input type="checkbox"/> Registered Homeowner</p>	<p>Qualification Type: (check one)</p> <p><input type="checkbox"/> Senior Citizen (65+) - Applicant must provide a copy of birth certificate, driver's license or passport.</p> <p><input type="checkbox"/> Applicant with a Permanent Physical Disability (If under 65, see qualifications. Medical Form located on the back of this page)</p>
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Declaration

- 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 renter 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		Date	DD	MM	YYYY

Incomplete or misleading information may result in the refusal of this application.

Note: Medical proof is not required if the 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.

Please Print or Stamp
Name & Address of
Regulated Health Practitioner

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:

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, 2025.

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:
srfap@brampton.ca
or
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, 2025**.

Reimbursement Form (page 4) received after **July 31, 2025** will not be processed.

Subsidy payments for this program will not commence until January 2025.

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

DD	MM	YYYY

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2 Wellington Street West
Brampton, ON L6Y 4R2

Inquiries:
srfap@brampton.ca
or
3-1-1

Email a scanned copy to: srfap@brampton.ca

Ensure to keep a copy for your records