

**Application for Snow Removal Financial Assistance
2025/2026 Winter Season**



Submit your completed application to the City of Brampton by April 30, 2026:

- **Mail or In Person:**
 - Public Works, 1975 Williams Parkway, Brampton, ON L6S 6E5
 - Service Brampton, City Hall Kiosk, 2 Wellington Street West, Brampton, ON L6Y 4R2
- **Email:** Send a copy to srfap@brampton.ca
- **Fax:** 905.874.2599
- **Online:** Apply through the City of Brampton's website at www.brampton.ca/snow
- **Alternate Formats:** email accessibility@brampton.ca

Applicant Information <i>(Incomplete applications will be returned)</i>		
Last Name	First Name	Initial
Address		Postal Code
Date of Birth		Telephone Number
DD	MM	YYYY
Tax Roll # (Refer to your tax bill)		Email Address
10 0000		
Property Type: (check one)	Eligibility Criteria: (check one)	Qualification Type: (check one)
☐ Non-corner lot	☐ Primary renter at single-family residence <i>(Must provide proof you are the primary renter)</i>	☐ Senior 65+ <i>(Applicant must provide a copy of birth certificate, driver's licence or passport)</i>
☐ Corner lot <i>(Two sidewalks; both not cleared by the City)</i>	☐ Registered homeowner	☐ Applicant with a permanent physical disability <i>(If under 65, see qualifications and medical form on back page)</i>
☐ All other corner lots <i>(See qualifications)</i>		
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 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. <i>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> I understand the qualifying terms and conditions as outlined. Incomplete or misleading information may result in the refusal of this application.		
Signature of Applicant		Date DD MM YYYY

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.

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.

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Please Print or Stamp
Name & Address of
Regulated Health Practitioner

Additional Comments (optional)

Qualifications

The City of Brampton's Snow Removal Financial Assistance Program aims to assist seniors 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 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 rebate
3. All Other Corner Lots – up to a maximum \$300 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, 2026.

Mail or drop off completed form and receipts to: City of Brampton – Public Works 1975 Williams Parkway Brampton, ON L6S 6E5 Fax: 905.874.2599 Email: srfap@brampton.ca	You can also drop off form and receipts to: Service Brampton – City Hall Kiosk 2 Wellington Street West Brampton, ON L6Y 4R2 If you have any questions, please call 3-1-1
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Use the Reimbursement Form on 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 (page 1) is due **April 30, 2026**.
- Reimbursement Form (page 4) received after **July 31, 2026** will not be processed.
- Subsidy payments for this program will not commence until January 2026.

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

I hereby certify the above information is accurate.

Signature of Applicant

Date

DD	MM	YYYY

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