

# Driveway Windrow Snow Clearing Program Application



The completed form and supporting documentation must be submitted in person.

## Applicant Information

Last Name (required information)	First Name (required information)	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YYYY/MM/DD)
Email Address		Primary Telephone Number (required information)	
Home Address (required information)		Suite/Apt/Unit Number	
City/Province (required information)		Postal Code (required information)	

Please list the family members who reside at the main Applicant's household.  
Persons 16 years of age and older must initial beside their name.

Last Name (required information)	First Name (required information)	Date of Birth (YYYY/MM/DD)	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
Last Name (required information)	First Name (required information)	Date of Birth (YYYY/MM/DD)	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
Last Name (required information)	First Name (required information)	Date of Birth (YYYY/MM/DD)	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials
Last Name (required information)	First Name (required information)	Date of Birth (YYYY/MM/DD)	Able Bodied? <input type="checkbox"/> Yes <input type="checkbox"/> No	Initials

### Declaration of Income:

Residents applying for **FREE** program, please provide one or more of the following original documents showing net income/earnings for all adults below the designated cut-offs.

- Canada Customs and Revenue Agency (CRA) Notice of Assessment (T451) line 236 Document Date \_\_\_\_\_ (YYYY/MM/DD)
- Guaranteed Income Supplement Notice Document Date \_\_\_\_\_
- Ontario Disabilities Support Program Drug Benefit Eligibility Card Document Date \_\_\_\_\_
- Ontario Works Drug/Dental Benefit Eligibility Card Document Date \_\_\_\_\_
- Canada Child Tax Benefit Notice Document Date \_\_\_\_\_
- Ontario Child Care Supplement for Working Families Entitlement Notice Document Date \_\_\_\_\_
- Harmonized Sales Tax Credit Notice Document Date \_\_\_\_\_
- FAP currently activated until: End Date \_\_\_\_\_

### Maximum After Tax Qualifying Net Income

Family Size	After Tax \$
<input type="checkbox"/> 1 person	19,307
<input type="checkbox"/> 2 persons	23,498
<input type="checkbox"/> 3 persons	29,260
<input type="checkbox"/> 4 persons	36,504
<input type="checkbox"/> 5 persons	41,567
<input type="checkbox"/> 6 persons	46,099
<input type="checkbox"/> 7 persons	50,631

### Declaration of Assessment of Health Condition

For residents 64 years or younger, please provide one of the following original documents:

- Health Assessment Form Signed by Canadian Regulation Health Practitioner
- Accessible Parking Permit Expiry Date: \_\_\_\_\_
- TransHelp Acceptance Letter Date of Letter: \_\_\_\_\_

### Declaration of Age

For residents 65 years of age or older, please provide one of the following original documents:

- Birth Certificate
- Driver's License
- Passport

## FOR STAFF USE ONLY

Staff Verification: (Print & Sign)

I, the undersigned, confirm the information set forth in this application is true and complete to the best of my knowledge.

I acknowledge that it is my obligation to update my Recreation and Parks account if any changes occur in my family's financial situation (residents who receive free program only). I acknowledge that any falsified statements on this application can result in termination of the Driveway Windrow Snow Clearing Program by the City of Mississauga, Transportation and Works Department.

**I acknowledge and understand that:**

- I reside as owner or legal tenant in the residential property for which the Driveway Windrow Snow Clearing Program is required.
- No able bodied person is living at the same residence where driveway windrow snow clearing is required.
- I am not living in a high-rise, multi-unit building, condominium or within a commercial property and I do not reside on a private road.
- The City of Mississauga reserves the unfettered right as to determine when a driveway windrow snow clearing activity will be performed.
- The driveway windrow snow clearing will be approximately 3m (10 ft) wide to allow one car to pass. It may take up to 36 hours after the end of a snow storm before windrows are cleared. Clearing to bare pavement cannot be guaranteed.
- I am aware that the Driveway Windrow Snow Clearing Program does not include clearing of windrow left by any sidewalk plow.
- I agree not to hold the City of Mississauga responsible or liable for any damages or losses of any kind whatsoever (to personal property or personal injury), sustained by the undersigned or by anyone allowed by the undersigned to be on the property, as a result of the City's activities under the Driveway Windrow Snow Clearing Program.
- I will ensure that vehicles or other obstructions at the end of my driveway are removed and my house number will be visible and illuminated.
- I agree that final approval of this application is subject to site inspection/verification by the Transportation and Works Department. You will be notified if there are any concerns with your application.
- I agree to the following level of service: 36 hours after the end of a snow storm with a 3m (10ft) wide clearing.

Driveway Windrow Snow Clearing Program operates from November 25th, 2013 - March 7th, 2014.

**There are NO Refunds.**

**Applicant Signature:**

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**Date:**

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YYYY/MM/DD

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001 and the City of Mississauga. Policy 08-03-06 and will be used for the purpose of Windrow Snow Clearing Assistance Program administration, and periodic mailings pertaining to the Window Snow Clearing Assistance Program. Questions about this collection should be directed to the Customer Service Centre, Community Services Department, 301 Burnhamthorpe Road West, Mississauga, ON L5B 3Y3, Telephone 905-615-4100 .