



**Completed applications and supporting documentation must be submitted in person.**

LAST Name (required information)		FIRST Name (required information)		<input type="checkbox"/> MALE	Date of Birth
				<input type="checkbox"/> FEMALE	YYYY MM DD
Email Address			PRIMARY Phone Number (required)		
HOME Address (Street Number/Street Name) (required)			Suite/Apt/Unit Number (required)		
CITY/PROVINCE (required)			Postal Code (required)		

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

<b>Declaration of Income:</b> 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 YYYY MM DD <input type="checkbox"/> Canada Customs and Revenue Agency (CRA) Notice of Assessment (T451) line 236 Document Date: _____ <input type="checkbox"/> Ontario Sales Tax Benefit/ Ontario Trillium Benefit Form Document Date: _____ <input type="checkbox"/> Ontario Disabilities Support Program Drug Benefit Eligibility Card Document Date: _____ <input type="checkbox"/> Ontario Works Drug/Dental Benefit Eligibility Card Document Date: _____ <input type="checkbox"/> Canada Child Tax Benefit Notice Document Date: _____ <input type="checkbox"/> Harmonized Sales Tax Credit Notice Document Date: _____ <input type="checkbox"/> FAP currently activated until: End Date: _____		<b>Maximum After Tax Qualifying Net Income</b> <table border="1"> <thead> <tr> <th>Family Size</th> <th>After Tax \$</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 1 person</td> <td>20,998</td> </tr> <tr> <td><input type="checkbox"/> 2 persons</td> <td>25,555</td> </tr> <tr> <td><input type="checkbox"/> 3 persons</td> <td>31,822</td> </tr> <tr> <td><input type="checkbox"/> 4 persons</td> <td>39,701</td> </tr> <tr> <td><input type="checkbox"/> 5 persons</td> <td>45,207</td> </tr> <tr> <td><input type="checkbox"/> 6 persons</td> <td>51,136</td> </tr> <tr> <td><input type="checkbox"/> 7 persons</td> <td>55,065</td> </tr> </tbody> </table>	Family Size	After Tax \$	<input type="checkbox"/> 1 person	20,998	<input type="checkbox"/> 2 persons	25,555	<input type="checkbox"/> 3 persons	31,822	<input type="checkbox"/> 4 persons	39,701	<input type="checkbox"/> 5 persons	45,207	<input type="checkbox"/> 6 persons	51,136	<input type="checkbox"/> 7 persons	55,065
Family Size	After Tax \$																	
<input type="checkbox"/> 1 person	20,998																	
<input type="checkbox"/> 2 persons	25,555																	
<input type="checkbox"/> 3 persons	31,822																	
<input type="checkbox"/> 4 persons	39,701																	
<input type="checkbox"/> 5 persons	45,207																	
<input type="checkbox"/> 6 persons	51,136																	
<input type="checkbox"/> 7 persons	55,065																	

<b>Declaration of Assessment of Health Condition</b> For residents 64 years or younger, please provide one of the following original documents: <input type="checkbox"/> Health Assessment Form Signed by Canadian Regulation Health Practitioner <input type="checkbox"/> Accessible Parking Permit Expiry Date: _____ <input type="checkbox"/> TransHelp Acceptance Letter Date of Letter: _____	<b>Declaration of Age</b> For residents 65 years of age or older, please provide one of the following original documents: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport
--	--

<b>FOR STAFF USE ONLY</b> 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 26, 2018 - March 29, 2019.

**Program application fees are non-refundable.**

<b>Applicant Signature:</b>  <hr/>
--

<b>Date:</b>  <hr/> YYYY/MM/DD
---

Yes, I would like to receive communications from the City of Mississauga relating to the Windrow Snow Clearing Assistance Program.

The personal information on this form is collected under the authority of the *Municipal Act, 2001*, section 11 and City of Mississauga Policy 08-03-06 and will be used for the purpose of Windrow Snow Clearing Assistance Program administration, and to send you information relating to the Window Snow Clearing Assistance Program and any associated upcoming events, citizen engagement opportunities, important seasonal reminders and notifications regarding issues affecting the Windrow Snow Clearing Assistance Program. Questions about the collection of personal information and the Windrow Snow Clearing Assistance Program should be directed to the Customer Service Centre, Community Services Department, 301 Burnhamthorpe Road West, Mississauga, Ontario L5B 3Y3, telephone 905-615-4100 .

We take privacy seriously and we will not sell, rent, or disclose your informaiton to any outside organization or individuals without your consent. If you decide that you no longer wish to receive information relating to the Windrow Snow Clearing Assistance Program in the future, you can unsubscribe by contacting the Customer Service Centre, Community Services Department, 301 Burnhamthorpe Road West, Mississauga Ontario L5B 3Y3, telephone 905-615-4100.