

Driveway Windrow Snow Cleaning Application



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 Windrow 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, 5600 Rose Cherry Place, Mississauga, Ontario, L4Z 4B6, Tel. 905-615-4100.

Print to complete manually. To submit via email, save a copy on your computer to complete it. Applications must be submitted with supporting documentation.

Applicant Information

Last Name *	First Name *	Gender	Date of Birth (YYYY MM DD)
<input type="text"/>	<input type="text"/>	Male Female	<input type="text"/>
Home Address * (Street Number/Street Name)			Suite/Unit Number
<input type="text"/>			<input type="text"/>
City *	Province *	Postal Code *	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address		Primary Phone Number *	
<input type="text"/>		<input type="text"/>	

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

Declaration of Income (Residents applying for FREE program, please provide one or more of the original documents below showing net income/earnings for all adults below the designated cut-offs)

Document Type	Document Date (YYYY MM DD)
<input type="checkbox"/> Canada Customs and Revenue Agency (CRA) Notice of Assessment (T451) line 236	
<input type="checkbox"/> Ontario Sales Tax Benefit/ Ontario Trillium Benefit Form	
<input type="checkbox"/> Ontario Disabilities Support Program Drug Benefit Eligibility Card	
<input type="checkbox"/> Ontario Works Drug/Dental Benefit Eligibility Card	
<input type="checkbox"/> Canada Child Tax Benefit Notice	
<input type="checkbox"/> Harmonized Sales Tax Credit Notice	
<input type="checkbox"/> FAP currently activated until:	
(End Date)	

Maximum After Tax Qualifying Net Income *	
Family Size	After Tax \$
<input type="checkbox"/> 1 person	21,899
<input type="checkbox"/> 2 persons	26,653
<input type="checkbox"/> 3 persons	33,189
<input type="checkbox"/> 4 persons	41,406
<input type="checkbox"/> 5 persons	47,148
<input type="checkbox"/> 6 persons	52,289
<input type="checkbox"/> 7 persons	57,429

Declaration of Assessment of Health Condition	
(for residents 64 years or younger, please provide one of the original documents below)	
<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

Declaration of Age	
(for residents 65 years or older, please provide one of the original documents below)	
<input type="checkbox"/> Birth Certificate	
<input type="checkbox"/> Driver's Licence	
<input type="checkbox"/> 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.
- I understand that only the **windrow at the end of the driveway, approximately 3m (10 ft) wide will be cleared** after the roadway is plowed.
- 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 30, 2020 - March 12, 2021.

Program application fees are non-refundable.

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

By checking this box, I verify this is my Application.

Applicant Signature (not required if submitting via email)

Date (YYYY MM DD)

We take privacy seriously and we will not sell, rent, or disclose your information 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, 5600 Rose Cherry Place, Mississauga, Ontario, L4Z 4B6, Tel. 905-615-4100.