



Snow Removal Program For Seniors or Physically Challenged Citizens

For the Winter Season of October 20 __ to April 20__

QUALIFICATIONS

City of Terrace Council has authorized a windrow and driveway snow removal program for senior citizens and physically disabled homeowners with costs incurred from hiring a service provider to remove snow from their driveways.

To qualify, the applicant must meet the following criteria:

1. Own and occupy the property on which the application is made.
2. Be 65 years of age or more at the date of application OR be permanently confined to a wheelchair, restricted to the permanent use of crutches or braces, or otherwise be permanently disabled in such a way as to restrict physical mobility.
3. Not have any able bodied persons under the age of 65 residing at this property.
4. Not have claimed a credit on any other property for the same winter season.
5. Not live in a condominium dwelling whereby all snow removal is the direct responsibility of the condominium corporation.

Medical Information

The physically disabled applicant (under 65) must provide one of the following:

1. Medical proof from a Canadian Regulated Health Practitioner using the attached medical form, or
2. A copy of the Accessible Parking Permit issued by SPARC.

Qualifying applicants of a residential property can receive a rebate of 50% up to a maximum of \$250.00 per winter (subject to demand).

Applicant must submit the completed Application Form to the City before being eligible for this program.

To receive a rebate, the applicant must fill out the Reimbursement Form and ensure signatures and/or receipts are obtained from their service provider.

If you meet all five (5) criteria listed above, fill out the application form and send it to the City of Terrace, Public Works Department, 5003 Graham Avenue, Terrace, BC V8G 1B3



Application for Snow Removal Program For Seniors or Physically Challenged Citizens

For the Winter Season of October 20 ____ to April 20 ____

See qualifications attached. The completed application must be returned to the City of Terrace, Public Works Department, 5003 Graham Avenue, Terrace BC V8G 1B3.

Applicant Information *(incomplete applications will be returned).*

Applicant's Name:		Folio
Property Address	V8G	Phone No. (250)

Are there any able bodied persons under the age of 65 residing at this address?

Yes No

Are you a senior citizen (65 years or older)? Your date of birth: _____

OR

Are you physically challenged? Return the completed Medical Form, or provide a copy of your Accessible Parking Permit issued by SPARC

Proof of senior status OR disability must accompany application unless previously submitted.

Declaration

I wish to apply for a grant under the City of Terrace Snow Removal Program and hereby certify that:

- I own and occupy the property described in this application as my personal residence.*
- I am 65 (sixty-five) years of age or older. **OR** I am physically challenged.*
- There are no able bodied persons under the age of 65 residing at this residence.*
- 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 understand the qualifying terms and conditions as outlined above.

Signature of Applicant:

Dated:

_____, 20 ____

Personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act, and will be used only for the purpose for which it was collected. If you have any questions about the collection and use of this information, contact the City's Freedom of Information Co-ordinator at (250) 638-4722.

**Application for Snow Removal Program
For Physically Challenged**

MEDICAL FORM



For The Winter Season of October 20 ____ to April 20 ____

MEDICAL PROOF REQUIRED FOR APPLICANTS UNDER 65 YEARS OF AGE

Medical Information

Medical Information must be filled out by a Canadian Regulated Health Practitioner.

A licensed physician, chiropractor, physiotherapist or occupational therapist may certify the applicant's condition on this application.

Eligibility Requirements

To be permanently confined to a wheelchair, restricted to the permanent use of crutches or braces, or otherwise be permanently disabled in such a way as to restrict physical mobility.

Medical Certification

I hereby certify the applicant, _____,

has a permanent disabling condition and meets the necessary eligibility requirements as listed above.

**Signature of Regulated
Health Practitioner** _____

Dated: _____, 20 ____ Telephone No. (250) _____

Please Print or Stamp

**Name and Address of Regulated
Health Practitioner**

Additional Comments (optional)

Ensure you keep a copy for your records.

