



# **Snow Removal Program For Seniors or Physically Challenged Citizens**

**For the Winter Season of October 20\_\_\_\_\_ to April 20\_\_\_\_**

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## **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).

<b>Applicant's Name:</b>		<b>Folio</b>
<b>Property Address</b>	<b>V8G</b>	<b>Phone No. (250)</b>

**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) 638-4721.*

**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.***

**Snow Removal Program  
For Seniors or Physically Challenged Citizens**



**REIMBURSEMENT FORM**  
Winter Season of October 20\_\_ to April 20\_\_

**Qualifying Applicants of residential property can apply for a rebate of 50% up to a maximum of \$250.00 per winter (subject to demand).**

Use this form to track snow clearing costs provided by your service provider. If additional space is required, use the back of the form. For each service occurrence, you must obtain a signature from your service provider and/or attach receipts(s). **Rebate requests without either a signature or receipt will not be processed.**

If your service provider does not issue receipts, you must ensure that each date of service, the cost incurred and the service provider's signature is recorded on this form.

To receive your rebate, complete and return this form (use more than one if required) at the end of the winter, or as soon as you have paid out your maximum yearly snow allowance. **Requests for rebates received after June 1<sup>st</sup> will not be processed.**

**Property Owner Name:** \_\_\_\_\_

**Print Address:** \_\_\_\_\_ **V8G** \_\_\_\_\_

<i>Service Date Day - Mo. - Yr.</i>	<i><b>COST</b> Incurred</i>	<i>Receipt Attached</i>	<i><b>PRINT Name of Service Provider</b></i>	<i><b>Service Provider's Signature</b></i>

**For Inquiries:** Phone: 250-615-4021 E-Mail: [pw@terrace.ca](mailto:pw@terrace.ca) Visit: [www.terrace.ca](http://www.terrace.ca)  
**Mail to:** City of Terrace, Public Works Department, 5003 Graham Ave., Terrace BC V8G 1B3