Application for Snow Removal Financial Assistance for Low- Income Seniors and Applicants with a Permanent Physical Disability 2025/2026 Winter Season (November to April)

Send your completed application to: Town of Wasaga Beach, Town Hall Treasury Dept.
Attention: Finance Manager
Mail: 30 Lewis St, Wasaga Beach, ON L9Z 1A1
Email a scanned copy to: financemanager@wasagabeach.com
Note: Applications received after January 23, 2026 will not be processed.

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

Last Name	First Name	Initial

Address | **Postal Code**

Date of Birth

DD	MM	YYYY

Telephone No.

Tax Roll # *(Refer to your tax bill)*

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Email Address

Qualifications Type

Low-Income Senior Citizen (65+)

– Applicants MUST PROVIDE

copy of birth certificate, driver's license or passport, and proof of the monthly qualified Guaranteed Income Supplement (GIS)

Applicant with a Permanent Physical Disability

(if under 65, See Qualifications)

(Medical Form located on back of this page)

Medical form not required if applicant already qualified for TransitPLUS (Specialized Transit)

Declaration

I wish to apply for a grant under the Town of Wasaga Beach Snow Removal Financial Assistance Program and hereby certify that:

- I own and occupy the qualifying property described in this application as my personal residence.
- I am a low-income senior (65+ yrs) AND receiving monthly GIS (Guaranteed Income Supplement), or am permanently physically disabled, and have no able bodied person capable of removing snow from the property.
- 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.

Note: Rebates for snow removal services will not apply for costs incurred prior to turning 65 years of age unless you are an applicant with a permanent physical disability.

I understand the qualifying terms and conditions as outlined.

Signature of Applicant | **Date** (DD MM YYYY)

Incomplete or misleading information may result in the refusal of this application.

This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended and will be used for establishing eligibility for snow removal financial assistance. Questions regarding this collection may be directed to the Clerk's Office, 30 Lewis Street, Wasaga Beach, ON, L9Z 1A1 (705)-429-3844.

For inquiries contact: Town Hall Treasury Dept.@ (705) 429.3844 ext. 2239
Monday to Friday from 8:30 a.m. to 4:30 p.m. or visit: www.wasagabeach.com

Ensure to keep a copy for your records

Application for Snow Removal Financial Assistance for Low- Income Seniors and Applicants with a Permanent Physical Disability

2025/2026 Winter Season (November to April)

NOTE: MEDICAL PROOF NOT REQUIRED IF APPLICANT IS A QUALIFIED LOW-INCOME SENIOR (65+)

Medical Information

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

A licensed physician, chiropractor, nurse practitioner (extended class), physiotherapist or occupational therapist may certify the applicant's condition on this application.

Eligibility Requirements

A person who has been 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. The applicant has no able-bodied person capable of removing snow from the property residing at the address.

Medical Certification

I hereby certify the applicant has a permanent physical disability and meets the necessary eligibility requirements as listed above.

Name of Applicant (please print)

Applicant's Address (please print)

Signature of Regulated Health Practitioner

Date

DD | MM | YYYY

Practitioner's Phone No.

Please Print or Stamp
Name & Address of
Regulated Health Practitioner

Additional Comments *(optional)*

QUALIFICATIONS

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Application for Snow Removal Financial Assistance for Low- Income Seniors and Applicants with a Permanent Physical Disability

2025/2026 Winter Season (November to April)

Town Council has authorized a Financial Assistance Program to assist qualifying low-income senior citizens and/ or homeowners with a permanent physical disability 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, with direct driveway access to a municipally assumed road.

2. Be a low-income senior (65+ years) at the date of application **AND** in receipt of the monthly qualified Guaranteed Income Supplement (GIS) as provided under Part II of the Old Age Security Act (Canada); and provide a copy of the GIS eligibility letter from Service Canada.

3. Or be an applicant with a permanent physical disability **AND** not have an able-bodied person, capable of removing snow from the property residing at the address.

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

If not a low-income senior, applicant must provide **one** of the following:

1. Medical proof from a Canadian Regulated Health Practitioner using the attached medical form located on the back of the application form.
2. A copy of the Accessible Parking Permit issued by the Ministry of Transportation.

Qualifying applicants of a residential property can receive a rebate up to a maximum $400

If you meet the criteria listed above, fill out the application form and send it by January 23, 2026:

Mail completed form & receipts to:
Town of Wasaga Beach - Town Hall
Attention: Finance Manager
30 Lewis St.
Wasaga Beach, ON L9Z 1A1

You can also:
Email a scanned copy to:
financemanager@wasagabeach.com

Inquiries:
(705) 429.3844 ext. 2239

Use the Reimbursement Form on the reverse side for tracking costs.

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REIMBURSEMENT FORM

Throughout the winter, use this Reimbursement Form to track dates and the cost of each service. For each service occurrence, you must obtain a signature from your service provider and/or attach receipts. Sign, date and return your Reimbursement Form as soon as you have paid out your maximum allowance. Incomplete forms will be returned.

IMPORTANT DATES

Your Application Form is due January 23, 2026.
Reimbursement Forms received after July 30, 2026 will not be processed.
Subsidy payments for approved applications may not commence until February or as soon as is reasonable for the Treasury Department to process.

Name of Applicant:

Address: **Postal Code:**

Email Address:

Track Costs below (attach additional pages if necessary)

DATE OF SERVICE	COST INCURRED	SIGNATURE OF SERVICE PROVIDER

APPLICANT, SIGN AND DATE:
I hereby certify the above information is correct.

Signature of Applicant

DD MM YYYY

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Attention: Finance Manager
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