Seniors and Persons with Disabilities Snow Clearing Program Application

The City of Pickering offers senior citizens and people with a permanent physical or cognitive disability a snow clearing service in order to assist them with their sidewalk snow clearing responsibilities, and access to their home. **The program is limited to 750 qualified applicants. Priority will be given to applicants who have proof of permanent disability (certified by a doctor, as having a permanent physical or cognitive limitation which prohibits them from clearing snow).** Qualified applications will be selected using an electronic lottery system, if necessary, and applicants will be notified accordingly.

Payment by cheque must be submitted with the application. Cheques should be made payable to the City of Pickering and post-dated for October 16, 2026 (fee structure is outlined in the information sheet)

Payments by Debit/Credit/Money Order can be made following acceptance into the program. Please note payments processed by Debit, Credit or Money Order prior to approval are non-refundable.

* Required fields

Applicant Information (person(s) on title of the property applied for)

First Name *

Last Name *

Street Address *

Unit
Type & Number

City *

Province * ON

Postal Code *
A1A 1A1

Email Address *

Primary Phone *
999.999.9999

Ext.

Alternate Phone
999.999.9999

Ext.

Are you the owner listed on the title at this address? *

- ○ Yes
- ○ No

Did you receive the service last year? *

- ○ I received the service last year
- ○ I did not receive the service last year

Proof of residency is required. *

- ☐ Proof of residency is included (property tax bill).

Is the address you are applying for a rental property? *

- ○ Yes
- ○ No

Initials *

This address registered as a single dwelling unit. *

- ○ Yes
- ○ No

Initials *

Do you reside at the address you are applying for? *

- ○ Yes
- ○ No

Initials *

The property I am applying for is within a Condo Corporation property. *

- ○ Yes
- ○ No

Initials *

If yes; I have provided a letter from my Condo Corporation (on letterhead) detailing what services are provided regarding snow removal services. *

- ○ Yes

Initials *

I understand that the program only clears the windrow and concrete sidewalk adjacent to my property if not included in the services provided by my Condo Corporation. *

- ○ Yes

Initials *

Is there anyone on title that does not reside at the address? *

- ○ Yes
- ○ No

If yes, please provide a copy of the driver's license/most recent paystub as proof of residency of said individual at another address.

The City may additionally request a copy of their 2025 Notice of Tax Assessment as proof of residency.

Are you a senior citizen (65 years or older) or a person with a medically certified permanent physical disability? *

- ○ Senior Citizen
- ○ Permanent Disability

- ☐ Proof of age document provided
- ☐ My medical certification is on file and is dated within 5 years of this application.

Are there able-bodied persons between the ages of 18 - 65 residing at this address? *

- ○ Yes
- ○ No

Initials *

Do you have a sidewalk fronting your property? *

- ◯ Yes
- ◯ No

Is your property a corner lot with a sidewalk adjacent to it? *

- ◯ Yes
- ◯ No

All persons on title and residing in the home are recipients under the GAINS Program (Guaranteed Annual Income System) and/or GIS Program (Guaranteed Income Supplement Program). *

- ◯ Yes
- ◯ No

☐ A copy for each person on title and/or residing in the home is included (i.e. Government of Canada letter, T5007 document, cheque stub).

I am a relative of the applicant residing at the same address, and under the age of 65 with a permanent disability. If yes, please provide medical certification indicating that you have a permanent physical or cognitive limitation which prohibits you from clearing snow. *

- ◯ Yes
- ◯ No
- ◯ Not Applicable

☐ Medical certification is included (dated within 5 years).

Name

Signature

Program Criteria

By signing this application, I understand and agree to the following program criteria:

The City reserves the right as to when the snow clearing will be performed. The timing is not guaranteed, however, the City will endeavor to clear the area within 24 hours after the snow has stopped, 5 cm or 2" of snow has accumulated, and the City's plows have completed their routes. Due to the nature of winter operations, the City cannot guarantee specific schedules for snow clearing.

Please note the City will not accept complaints about the clearing under this program until 24 hours after the contractor has been deployed and started work.

The service does include:

1. The program operates from November 1, 2026 to April 30, 2027.
2. Clearing the lower portion of the driveway (up to 12ft wide x 12ft deep) - this area must be unobstructed.
3. Clearing a walkway to the house (approximately 3 feet).
4. Clearing and salting of the concrete municipal sidewalk fronting, and adjacent to the property.
5. Salting of the cleared portion of the driveway apron.

I acknowledge I have read and understand what is included in the service provided specific to my property. *

☐ Yes

Initials *

For Condo Corporation properties only; if not included in services provided by the Condo Corporation the service does include:

1. Clearing of Windrow only.
2. Clearing of concrete sidewalks adjacent to your property.

The program criteria was reviewed with me and I understand and agree with the program criteria, including if applicable the criteria for addresses in Condo Corporation. *

Initials *

- ○ Yes
- ○ Not Applicable

I understand that salting is not included in the service provided for Condo Corporations properties and therefore it is the responsibility of the homeowner and could be subject to enforcement action under the Property Standards By-Law 7887/21 or in front of Ice & Snow Clearing By-Law 6650/06. *

Initials *

- ○ Yes
- ○ Not Applicable

I acknowledge that if the program criteria is not met and the City does not deploy for snow clearing or freezing rain/ice; the resident shall be liable to clear the property including the Condo Corporation's concrete sidewalk or could be subject to enforcement action under the Property Standards By-Law 7887/21 or in front of Ice & Snow Clearing By-Law 6650/06.

Initials *

- ○ Yes
- ○ Not Applicable

I acknowledge that this service does not include the clearing of the entire driveway. *

Initials *

- ☐ Yes

I acknowledge that the City is required to salt the municipal concrete sidewalk and lower driveway apron as part of this program. *

Initials *

- ○ Yes
- ○ Not Applicable for Condo Corporation Properties.

I request that the service include the salting of a cleared walkway on my private property from the cleared driveway and municipal concrete sidewalk to the closest house entry; and any steps leading to the front door. I additionally acknowledge any damage due to the application of salt at my request is not the responsibility of the City of Pickering or their contractor to repair. *

Initials *

- ○ Yes
- ○ No
- ○ Not Applicable for Condo Corporation Properties.

I acknowledge that if the program criteria are not met and the City does not deploy for snow clearing or freezing rain/ice; the resident shall be liable to clear the property including the municipal concrete sidewalk or could be subject to enforcement action under the Ice & Snow Clearing By-law 6650/06. *

Initials *

- ☐ Yes

I agree to notify the City if I move from this address through the winter season, or if I am away for an extended period of time (i.e., more than 2 consecutive weeks). *

Initials *

- ☐ Yes

I agree that should my payment by cheque be returned as Non-Sufficient Funds (NSF) there will be an additional charge ($54.00) as per the City of Pickering Fees & Charges.

Initials *

- ○ Yes
- ○ N/A (recipient of GAINS/GIS)

I acknowledge that the program fee is non-refundable following acceptance in the 2026/2027 program. *

Initials *

- ☐ Yes
- ☐ N/A (recipient of GAINS/GIS)

I acknowledge that should I choose to make payment prior to approval of acceptance into the program by a method of payment other than post-dated cheque the fee is non-refundable. *

Initials *

- ☐ Yes
- ☐ N/A (recipient of GAINS/GIS)

I acknowledge that the program fees are not pro-rated based on the submission date of my application or the amount of snowfall received during the program dates, which are from November 1, 2026, to April 30, 2027. *

Initials *

- ☐ Yes

I have provided the following required documentation along with my completed Application Form:

- ☐ Current year City of Pickering Property Tax Bill
- ☐ Canada Revenue Agency 2025 Notice of Income Tax Assessment indicating line 260/26000
  or
- ☐ Proof of GAINS and/or GIS
- ☐ Proof of Age Documentation (driver's license/health card)
- ☐ Proof of person(s) on title who do not live at residence (driver's license/recent paystub)
- ☐ Proof of Medical Certificate (if required)
- ☐ For properties within a Condo Corporation, a letter on Condo Corporation letterhead detailing what services are provided regarding snow removal services.

Pursuant to By-law #322/75. In consideration of the provision at the expense of the City of Pickering snow and ice clearing and removal services as set out therein, I/we intending to be legally bound do hereby release and indemnify the City of Pickering, its agents, servants, employees and representatives, and any person or persons supplying or purporting to supply such services (**herein after referred to as the "Indemnified Parties"**) from any claim or demand occasioned by or resulting from malfeasance, nonfeasance or other negligent action or omission of any or all of the indemnified parties in the provision of the services. Be it further advised that I/we will accept full responsibility for the application/non-application of ice/salt on said private property, as noted above.

Applicant's Name

Date

Signature

Witness Name

Date

Signature

Office Use Only

- [ ] Application and relevant documentation completed.
- [ ] Medically certified note of permanent physical or cognitive disability (dated within last 5 years).
- [ ] Approved for submission to electronic lottery system.
- [ ] Pending review/receipt of additional documentation.
- [ ] A copy of proof for GAINS received.
- [ ] Condo Corporation letter detailing service provided.

Approved By | Date | Application # | Follow Up Date

Payment Method

- [ ] Debit
- [ ] Visa
- [ ] MasterCard

Date processed

- [ ] Post-dated cheque
- [ ] Application number written on Cheque

Name on Cheque Issued

For more information about this request, please contact the Customer Care Centre at 905.683.7575.

Personal information contained on this form is collected pursuant to the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected to administer the Seniors and Persons with Disabilities Snow Clearing Program. Any questions related to the collection of this information should be directed to the City Clerk, One The Esplanade, Pickering, ON L1V 6K7.

Alternate formats available upon request at 905.683.7575.

CSD 2203-08/16 (P) Rev.07/10/25

Print form

Note: This application form should print on 6 letter size pages.

Save as Draft