



## SNOW CLEARING ASSISTANCE PROGRAM FOR SENIORS & PERSONS WITH DISABILITIES

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### SENIOR APPLICANT

- I hereby certify that I am 65 years of age or older  
 Copy of Birth Certificate or Driver's Licence attached

OR

### PERSON WITH A DISABILITY APPLICANT

- I hereby certify that I have a disability that requires assistance for snow clearing  
 Copy of Medical Certificate attached OR Copy of Mobility Impaired Parking Permit

### RESIDENCY CONFIRMATION

- I hereby certify that I am the owner of the property address listed above  
 Copy of Residential Property Tax Account attached (can be produced at time of application)

OR

- I hereby certify that I am the tenant of the property address listed above  
 Copy of Lease Agreement attached

### ASSISTANCE REQUIREMENT CONFIRMATION

- I hereby certify that neither my spouse, dependant or any other persons residing in my place of residence are able-bodied and under the age of 65  
 Declaration attached (this document can be executed at the Town Hall)

### APPLICATION FEE

- I hereby certify that I have paid my application fee of \$80.00 + HST (non-refundable)  
 Copy of Receipt attached

Office Use Only:

File #: \_\_\_\_\_

Confirmation of Supporting Documents

Town Clerk: \_\_\_\_\_

Date: \_\_\_\_\_

Program Approval

Director of Engineering & PW: \_\_\_\_\_

Date: \_\_\_\_\_



**SNOW CLEARING ASSISTANCE PROGRAM  
FOR SENIORS & PERSONS WITH DISABILITIES**

**DECLARATION OF ASSISTANCE REQUIREMENT**

I hereby certify that neither my spouse, nor dependant, nor any other persons residing in my place of residence are able-bodied and under the age of 65.  
(must be signed in presence of Commissioner of Oaths)

Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

I hereby certify that the above noted applicant has been known by the undersigned to have no able-bodied person under the age of 65 residing at their place of residence.  
(must be signed in presence of Commissioner of Oaths)

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Name of Witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

This information has been sworn before me in the Town of Labrador City in the province of Newfoundland & Labrador on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Commissioner of Oaths \_\_\_\_\_



## LABRADOR CITY

### SNOW CLEARING ASSISTANCE PROGRAM FOR SENIORS & PERSONS WITH DISABILITIES FACT SHEET

- Person of the age of 65 or older or person with a disability may apply for the program
- Must be a property owner or tenant of a single dwelling in Labrador City
- Must be no other able-bodied persons under the age of 65 residing in your place of residence
- Documentation required is included on the application form
- Eligible participants in the program will be selected on a first come first serve basis (maximum participation has been set at 60 driveways)
- Program is for the removal of wing roll (windrow) **ONLY**; it does **NOT** include entire driveway, steps, walkways, ramps, access to home or accessory buildings
- Removal will start after the snow has stopped; and only after 5 cm of snow has accumulated
- Snow will not be trucked away (will be deposited on the property)
- Clearing should be completed within 24 hours; however, timing is not guaranteed
- Urgent requests should be made to the Town Hall during office hours (944-2621) or Fire Hall after hours (944-7832)
- Application fee is \$80.00 + HST (non-refundable)
- Covers period of October 15<sup>th</sup> to April 15<sup>th</sup> each year

**The Town of Labrador City is not responsible for any damage to driveways, curbs or any other property due to clearing of the wing roll.**