Snow Angels Application for Snow Clearing Subsidy

If you have internet access and an email address, please use the online application at SpecialSupportsBenefits.hamilton.ca. This will provide you with automatic updates on the status of your request.

If you do not have an email account, please complete this paper application, and see step 6 for mailing/submission instructions.

Applicants must meet **ALL** the following criteria (please check all that apply)

- ☐ Be a resident of Hamilton
- ☐ Own your home AND are living in the home during the winter season
- ☐ Are unable to remove your own snow and have no one living in the home who is physically able to remove snow
- ☐ 65 years of age or older and/or have a physical disability that is documented such as Canada Pension Plan (CPP) Disability, or Canada Revenue Agency Disability Tax Credit (DTC), or receiving ODSP
- ☐ Meet the Stats Canada Low Income Measure (LIM) financial eligibility criteria

Qualification Type (select one):

- ☐ Senior (65 years of age or older) unable to clear their own snow
- ☐ Applicant with a permanent disability

Step 1 Applicant Contact Information		
First Name		**Middle Name**
Last Name		**Date of Birth (dd/mm/yyyy)**
Street Address		
Line 2 / PO Box		**Unit**
City	**Province**	**Postal Code**
Phone	**Email Address**	
Identification Document Please attach a copy of your identification showing your current address such as a driver's license or government issued ID. If you do not have ID showing your address, please attach a copy of other official ID and a bank statement or utility bill that shows your address.		

Step 2 Applicant Details

Please answer the following questions

What is your legal status in Canada?

- ☐ Canadian Citizen
- ☐ Refugee Claimant
- ☐ Convention Refugee
- ☐ Sponsored Immigrant
- ☐ Permanent Resident
- ☐ Visitor

Are you a sponsored immigrant, still within the sponsorship period? ☐ Yes ☐ No

Do you have refugee status? ☐ Yes ☐ No

Step 3 Household Information and Income

Household income information is used to determine eligibility for benefits in the Special Supports Program

Family Type

☐ Single ☐ Couple (married or common-law ☐ Couple with Children (married or common-law)

☐ Other (please specifiy):_____

Please list <u>all</u> members of your household:

1

APPLICANT

Full Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

- ☐ Employment
- ☐ Ontario Works
- ☐ Self-Employment
- ☐ Ontario Disability Support Program
- ☐ Employment Insurance
- ☐ Other
- ☐ Pension
- ☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

2

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

- ☐ Employment
- ☐ Ontario Works
- ☐ Self-Employment
- ☐ Ontario Disability Support Program
- ☐ Employment Insurance
- ☐ Other
- ☐ Pension
- ☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

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* see Page 4 for note on Notice of Assessment

Step 3: Household Information and Income (continued)

Please list all members of your household

3

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18 OR** ☐ **DEPENDANT ADULT**

Full Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

4

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

5

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

Full Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Employment
☐ Self-Employment
☐ Employment Insurance
☐ Pension
☐ Ontario Works
☐ Ontario Disability Support Program
☐ Other
☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

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Please copy this page if you need to add additional family members

* see Page 4 for note on Notice of Assessment

Note on Notice of Assessment

*** Line 23600 Net Income** is available from your latest *Notice of Assessment* **or** *Proof of Income Statement* issued by the Canada Revenue Agency (CRA).

If you do not have a copy of either your *Notice of Assessment* **or** *Proof of Income Statement*, contact CRA to request a *Proof of Income Statement*. You can reach CRA through the following methods:

- **Telephone** at **1-800-959-8281** press #2 and then #1. Callers will be asked for their Social Insurance Number and Total Income (Line 15000) from their most recently filed Tax Return;
- **Online** at https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals.html and go to "My Account"

Special Supports benefits may be available to Hamilton residents whose total family Net Income is less than the amounts shown below. *If your Total Net Income* (applicant + partner/spouse + dependent adults) is more than the amount shown below, you will not qualify for City of Hamilton Special Supports benefits.

Current Statistics Canada Low-Income Measurement (LIM)

Family Size	Income Amount
1	31,317
2	44,289
3	54,243
4	62,634
5	70,027
6	76,711
7	82,857
8	88,578
9	93,951
10	99,033

Step 5: Declaration and Signature

1. I declare that I am unable to remove snow from my sidewalk and have no one living in the home physically able to remove snow.
2. I declare that the information I have given on this application form is true and correct to the best of my knowledge and no information required to be given has been concealed or omitted.
3. I give the City of Hamilton permission to verify the information that I have given and consult third parties as required.
4. I understand and agree that if any of the information is false, this application will automatically be denied.
5. I will advise the City of Hamilton of any changes to the information outlined in this application.
6. I understand that completing and submitting this application form to the City of Hamilton does not guarantee that assistance will be provided.
7. I understand that the City of Hamilton does not assume any liability and shall not be responsible in any way for any inconvenience, delay, alteration, cancellation, expenses, loss, death, injury, damages, information disclosure or otherwise suffered or incurred by any applicant or person in connection with this program or any part of it.
8. I understand that any personal information or personal health information collected from or about OW/ODSP clients will be used to determine eligibility of benefits and continued management of those programs. The City of Hamilton collects this information under authority of Section 1 of the Ontario Works Act, 1997, S.O. 1997, c. 25, Sched. A.
9. I understand that my personal information may be shared with medical professionals and/or the City of Hamilton's approved vendor to determine eligibility and/or to provide the items requested.
10. I understand that Special Supports Program does not reimburse for items purchased or services received without prior approval. If eligible for the item or service, I will receive an approval letter in the mail providing further information about getting the approved item or service.
11. I understand that questions about the program and collection of my personal information can be directed to the Manager of the Special Supports Program, Ontario Works Division, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6
    Phone: 905-546-2590 Email: support@hamilton.ca

_____ _____

Signature of Applicant **Date (dd/mm/yyyy)**

_____

Signature of witness or interpreter

(Signature of witness is only required if applicant signs with an X mark)

☐ **OPTIONAL:** I authorize the City of Hamilton Special Supports Program to communicate with the following person or agency on my behalf for the purposes of determining eligibility for special supports benefits:

Name	Agency
Phone	Email

Step 6: MAILING/SUBMISSION INSTRUCTIONS

Please mail or drop off the following to the address provided below:

- This completed application **and**
- One copy of your identification showing your current address **and**
- The most recent *Notice of Assessment* **or** *Proof of Income Statement* from Canada Revenue Agency for you, your spouse/ partner, every adult 18 and over **and**
- Verification of physical disability if under 65 years of age.

City of Hamilton, Special Supports Program
1550 Upper James St., Unit 14A
Hamilton, ON L9B 2L6

Notice of Collection

The City of Hamilton collects information under authority of Sections 10 and 227 of the Municipal Act, 2001 and sections 7,8, 71-73 of the Ontario Works Act,1997, and section 59 of O. Reg. 134/98 (General) under the Ontario Works Act,1997. Any personal information collected for the purpose of the Fare Assist Program Application will be used to determine your eligibility for financial assistance and other benefits, to support the delivery of those benefits, and to ensure the program is properly administered in accordance with legislative requirements. By providing your contact information, you are consenting to receiving correspondence from the City of Hamilton and/or its agents/ vendors/contractors for purposes related to this program. Please be advised that the City of Hamilton and Ontario Works staff may use information about you that is available in the Social Assistance Management System (SAMS). This information may help staff identify municipal programs or benefits that you or your dependants may qualify for. It may also be used to assess eligibility. Staff may use the information to help you apply for a program or benefit. Where appropriate, they may also submit an application on your behalf. The information may also be used to administer any programs or benefits you receive. Where necessary, your information may be shared with third parties. This may be done to support an application or administer a program or benefit. It may also be shared, where applicable, with Ontario Works (OW), the Ontario Disability Support Program (ODSP), other City services, and relevant service providers".

Questions about the collection of this personal information can be directed to the Manager of the Special Supports Program, Ontario Works Division, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6 Phone: 905-546-2590 Email: support@hamilton.ca.