



**Snow Plowing Application
2024 – 2025 Season**

Section 1:

Name	
Address	
Age	
Band Number	

Physical Limitation: Yes No

If yes, provide a brief description of physical condition and details relating to limitations to shovelling snow. (Section must be completed).

Note: Health representatives from Atikameksheng Anishnawbek will review the information provided to confirm applicants' information. If the health representative does not confirm the physical condition, the application will be disqualified.

Name	Age	Income

Note: Able bodied person residing in unit disqualifies application (anyone over 14 years and in good physical condition).

Total Household Income: \$

(Statements must be provided to verify income) Combined income greater than \$25,000.00 per year disqualifies application.

Signature:

Section 2: Application for Paid Service

Annual Fee: \$150.00 Must pay Finance Department

Payment Received: **Attach receipt from Atikameksheng Finance Department.**