



Hamilton  
Community Services

# RECREATION FEE ASSISTANCE PROGRAM - APPLICATION FORM

2012 - v.4

(PLEASE PRINT)

Please ensure all supporting documents (photocopies only) are stapled to this form. This is NOT a Program Registration form.

RENEWAL

NEW

Section 1 - Primary Applicant's Information (ADULT)			
Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)
Home Phone:	Alt. Phone:		
Address:			Unit #:
City:	Postal Code:		
Email:		Family PIN#:	

Section 2 - Economic Family				"... all persons living in the same dwelling and related by blood, marriage, common-law relationships or adoption."*
Spouse / Partner Last Name:	First Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)	
Dependant Family Members Last Name:	First Name:	Client ID:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)
Last Name:	First Name:	Client ID:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)
Last Name:	First Name:	Client ID:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)
Last Name:	First Name:	Client ID:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)
Last Name:	First Name:	Client ID:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)
Last Name:	First Name:	Client ID:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy)

**Section 3 - Eligibility** Assistance is awarded based on need, using the Statistics Canada Low Income Cut-off (LICO) level. Total family household annual income need to be below the LICO to be approved for the Recreation Fee Assistance Program.

**Circle the # of people in your household to see which figure applies to your family.**  
Low Income Cut-off figures (before tax) by number of people in household:\*

	1	2	3	4	5	6	7+
2011	\$23,298	\$29,004	\$35,657	\$43,292	\$49,102	\$55,378	\$61,656

**Eligibility for the Recreation Fee Assistance Program must be renewed every calendar year.**

\* (Source: Statistics Canada, 2011, Income Research Paper Series, 75F0002ME, Table 2 Low Income Cut-offs [1992 base] before tax)

FOR OFFICE USE ONLY							
mm/dd/yyyy / initial		Date:	S.T.A	Family I.D. #			
Documents Received: Drug Card _____		NOA _____		Dr Lic <input type="checkbox"/> Bill _____			
<input type="checkbox"/> CC Form Received	<input type="checkbox"/> CE	Approved (CLASS)	Notified Sent Out	<input type="checkbox"/> Classes	<input type="checkbox"/> Passes	<input type="checkbox"/> Minor Sports	Expiry
1.	2.	3.	4.	5.	6.	7.	8.

◀ ◀ ◀ Now complete the REVERSE SIDE of this form ▶ ▶ ▶

#### Section 4 - Proof of Residency in the City of Hamilton (Only one required)

Acceptable Documents must show name, current address. (Indicate which one you are attaching)

- Copy of current Driver's License
- Copy of Property Tax bill or dated tenancy agreement, dated within the previous 30 days
- Copy of current utility bill or bank statement, dated within the previous 30 days

#### Section 5 - Total Annual Family Income (Only one choice required)

Required for each primary applicant and spouse/partner, for a one year period.

Any documents other than those listed will **not be accepted**. Photocopies only please.

Acceptable Documents: (indicate which you are attaching)

- Copy of current **Notice of Assessment (Government Issued)\*** for each adult in household
- Copy of Ontario Works Drug Benefit Eligibility Card\*\*
- Copy of Ontario Disability Support Program Drug Card\*\*

\*Notice of Assessment is a copy of the current official Canada Revenue Agency Notice of Assessment for each adult in the household, showing total income (line #150). If you cannot find your Notice of Assessment, call the Canada Revenue Agency at 1-800-959-8281 and request documentation from them showing line #150.

\*\*Must have the names of every adult and dependant in the family to be used as proof of income.

**If you are unable to provide any part of the documentation required, but feel you would otherwise still be covered by this program, please contact the office to discuss your options.**

#### Section 6 - Family (with children) Assistance being requested *\*Adult children (18+) will be eligible for section 7 only, unless proof of full-time school enrollment is provided.*

- Assistance with registered class provided by the City of Hamilton (\$150 per child / 12 months)
- Free participation pass for drop-in programs at City Pool or Recreation Centre (Valid for 12 months)  
Indicate location you visit most often: \_\_\_\_\_
- Assistance with 50% of registration in affiliated minor sports (To a maximum of \$100 per child / 12 months)

#### Section 7 - Adult/Senior Assistance being requested

*\*Only available to adults and seniors who are not eligible for inclusion in a family pass.*

- Adult/Senior Participation Pass at 75% off (12 months) at a City Pool or Recreation Centre\*  
\_\_\_\_\_ OR \_\_\_\_\_
- Adult/Senior Waterfit Pass at 50% off (12 months) at a City Pool or Recreation Centre\*

#### Section 8 - Application Signature (Application will not be processed without signature and date)

The collection, use and disclosure of personally identifying information submitted on this form is governed by the Municipal Act, R.S.O. 1990, C.M.56. Personally identifying information will be used by the City of Hamilton to assess eligibility of the applicant for the Recreation Fee Assistance Program, administration and evaluation of the Recreation Fee Assistance Program and for statistical purposes. Applicants may, from time-to-time, be contacted by the City or a City-connected third party for the express purposes of assessing satisfaction and/or obtain feedback on recreational services, facilities, pricing, promotion and/or other aspects of program delivery. The City will make every reasonable effort to protect the applicant's personally identifying information. Questions about this collection, use and disclosure should be directed to: Manager, Program Development, Lister Block Building – 3rd Floor, P.O. Box 2040, Hamilton, ON L8P 4Y5.

You are responsible for following the rules of the Recreation Fee Assistance Program. The Criminal Code of Canada s.s. 380 (1) states that everyone who by deceit, falsehood or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. If there is sufficient evidence to suspect that fraud, or an offence has been committed, the matter may be referred to the police for investigation.

**The above and reverse information I have provided is complete and true, and I am a resident of Hamilton.**

\_\_\_\_\_  
Applicant or Guardian's Signature

\_\_\_\_\_  
Date: mm/dd/yyyy

Your completed application form, with all required documentation, can be dropped off at a City Recreation Centre or Pool in an envelope marked: **City of Hamilton, Recreation Fee Assistance Program, Lister Block Building – 3rd Floor, P.O. Box 2040, Hamilton, ON L8P 4Y5**

**For help with this form, contact the Recreation Fee Assistance Program at: 905-546-2424, ext.4569 OR rfap@hamilton.ca**