



Recreation Fee Assistance Program Application Form (Please Print)

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

Section 1. Primary Applicant's Information

Name (Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	
Address:		Apt/Unit #:	
City	Postal Code:		
Home Phone: ()	Alt Phone: ()		
Email:			

Section 2. Economic Family

Family household annual income needs to be below the Statistics Canada Low Income Cut-offs (LICOs) to be approved for the Recreation Fee Assistance Program. Statistics Canada uses "the economic family, that is, all persons living in the same dwelling and related by blood, marriage, common-law relationships or adoption."

Spouse / Partner (Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	
Dependant Family Members (Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	
(Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	
(Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	
(Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	
(Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	
(Last)	(First)	Male <input type="checkbox"/>	Date of Birth: (mm/dd/yyyy)
		Female <input type="checkbox"/>	

Section 3. Eligibility

- Assistance is awarded based on need, as defined by the Statistics Canada Low Income Cut-off (LICO) level.

Low Income Cut-off figures (before tax) by number of people in household							
	1	2	3	4	5	6	7+
2009	22,229	27,674	34,022	41,307	46,850	52,838	58,827

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

FOR OFFICE USE ONLY

mm/dd/yyyy / initial

Family I.D.#

Form Received		Membership Created		Package Mailed Out	
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1. 2. 3. 4. 5. 6. 7. 8.

▼ Please complete the REVERSE SIDE of this form ▼

Section 4. Proof of Residency in the City of Hamilton

Acceptable Documents: *(please indicate which one you are attaching)*

- Copy of current Driver's License
- Copy of property tax bill
- Copy of current utility bill or bank statement, dated within the previous 30 days, showing name and address.

Section 4. Total Annual Family Income

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: *(please indicate which one you are attaching)*

- Copy of *Notice of Assessment 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 there is an adult in the household who does not earn income and has not submitted a tax return, we need you to clearly state this on the application form.*

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 5. Application Signature - Application will not be processed without this section completed.

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-contracted third party for the express purposes of assessing satisfaction and/or to 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, 77 James Street North, Suite 400, Hamilton L8R 2K3

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 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:

**Recreation Fee Assistance Program
Suite 400, 77 James St N
Hamilton, ON L8R 2K3**

For assistance completing this form, please call the Recreation Fee Assistance Program at
905-546-2424, ext. 4569