



Hamilton

RECREATION ASSISTANCE PROGRAM - APPLICATION FORM**Submit by: E-mail:** rap@hamilton.ca **Fax:** 905-546-2338 **In person:** 28 James St N - 3rd Floor**Mail:** City of Hamilton, Recreation Assistance Program, P.O Box 2040, Hamilton, ON, L8P 4Y5**Type of Application:** ☐ NEW ☐ RENEWAL (previous RAP program participant)**Step 1 – Eligibility:** Approval is based on need using the Statistics Canada Low Income Cut Off numbers after tax (LICO). (currently using 2018)

Combined household income must be below the amount shown (Line 236)

| Circle # people in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7+ |
|---------------------------------|----------|----------|----------|----------|----------|----------|----------|
| | \$21,481 | \$26,143 | \$32,554 | \$40,614 | \$46,247 | \$51,289 | \$56,331 |

Step 2 – Household Information (Please print clearly)

Unit # Address:

City: Province: Postal Code:

Cell Phone: Home Phone:

Email: How can we contact you? **Check all that apply**
☐ Home Phone ☐ Cell Phone ☐ Email ☐ MailDo you or anyone who lives in the house listed own a business? ☐ YES ☐ NO**Step 3 – Household Occupants:** Please name all people living in the house – use a second form if necessary. *Initials required for all people 18+ agreeing to terms in Step 7☐ Married ☐ Common Law ☐ Widowed ☐ Divorced ☐ Separated ☐ Single

| <i>First Name</i> | <i>Last Name</i> | <i>Gender</i> | <i>Date of Birth</i> (dd/mm/yy) | <i>*Initials Required</i> (*step 7) |
|--------------------------|-------------------------|----------------------|---|---|
| Applicant | | | | |
| Spouse/ Partner | | | | |

Other People in Home (list everyone including parents, grandparents, siblings, adult children, kids etc.)

| <i>First Name</i> | <i>Last Name</i> | <i>Gender</i> | <i>Date of Birth</i> (dd/mm/yy) | <i>Initials ages 18+/ Minor Sport Request</i> |
|--------------------------|-------------------------|----------------------|---|--|
| | | | | |
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Step 4 – Support Needed (benefits are for 12 months)**For Families (with children under 18)- all are included**

- ☐ Free Family Participation (valid for drop-in programs)
☐ Free Family Skating Pass (valid for drop-in skating)
☐ 90% off Rec Centre program registrations up to \$150/child
☐ 50% off minor sport registration (max \$100, ice sports \$150)
☐ 65% off up to 15 days of Camp Kidaca (year-round programs)

OR

**For Adults/Seniors
(no children at address)
CHOOSE ONE**

- ☐ 75% off Participation
☐ 75% off Skate Pass
☐ 50% off Waterfit Pass Yr/Mth

Office Use Only V.3 **Date:** _____

- ☐ ADPP ☐ SNPP ☐ PP ☐ Mail
☐ ADWF ☐ SNWF ☐ Skate ☐ Counter
☐ ADSK ☐ SNSK ☐ Classes ☐ Centre
☐ Minor Sport ☐ Fax
☐ Email
☐ EM

NOA _____ Year _____
 Online _____
 Drug Card _____ ☐ OW ☐ ODSP ☐ POR ☐ DL ☐ Lease ☐ Bill ☐ Bank ☐ Other _____

☐ Check Legend☐ Mem Admin

Received

Approved

Notified

Step 5 – Attach proof that you live in the City of Hamilton

Send a photocopy of **ONE** of the following which lists your current address:

- ☐ Valid Driver's License or Ontario Photo ID card (we **do not** accept Health Card)
- ☐ Property tax bill or Current Tenancy/ Lease agreement
- ☐ Current utility bill (phone, gas, hydro, cable) dated within the last 30 days

Step 6 – You must provide a copy of 1 or more of the following to prove your household income:

A Government Issued Notice of Assessment for the most recent year showing line 236 **for all adults in the house**

B Child Tax Benefit Statement showing the family net income

C GST/ HSTC Notice showing the family net income

If you do not have these papers, contact Canada Revenue Agency 1-800-959-8281

A

B

C

D

D Permanent Residency Papers dated within the last year **for everyone**

E Ontario Works/ Disability-Eligibility Card – listing the names of everyone in the household **or** a letter from your OW/ODSP worker stating everyone who is covered under the benefit

F Any full time student Supported by a parent/ Guardian can provide proof of full-time school enrollment

D

E

F

Benefits are for 12 months. Please space out your funds accordingly as you will not be given additional funds before your expiry date.

Incomplete applications will not be processed. Please contact the office for updates.

If you are unable to provide any of the requested information, but feel you would be eligible for this program, please contact the office to discuss.

* Step 7 – Applicant Signature

- I give the City of Hamilton permission to verify the information provided in this application with all necessary sources for the purpose of assessing my application.
- I certify that the information I have provided on this application is truthful, complete and to the best of my knowledge. Misuse of program privileges or misinformation provided on this application form may result in loss of privileges or penalty. *Additional information may be required to verify eligibility.*
- I understand that the collection, use, disclosure and destruction of all information submitted on this form is governed by Ontario's Municipal Freedom of Information and Protection of Privacy Act.
- If I or anyone in my household has a change in circumstances (e.g. change of address, new job etc.) that changes the information provided in this application, I will immediately notify the City's Recreation Department at the number below. I understand that changes may result in a reduction or loss of privileges.

Signature: _____ Date: _____

Questions? Call: 905-546-2424 ext. 4569 or Email: rap@hamilton.ca