

## **RECREATION ASSISTANCE PROGRAM - APPLICATION FORM**

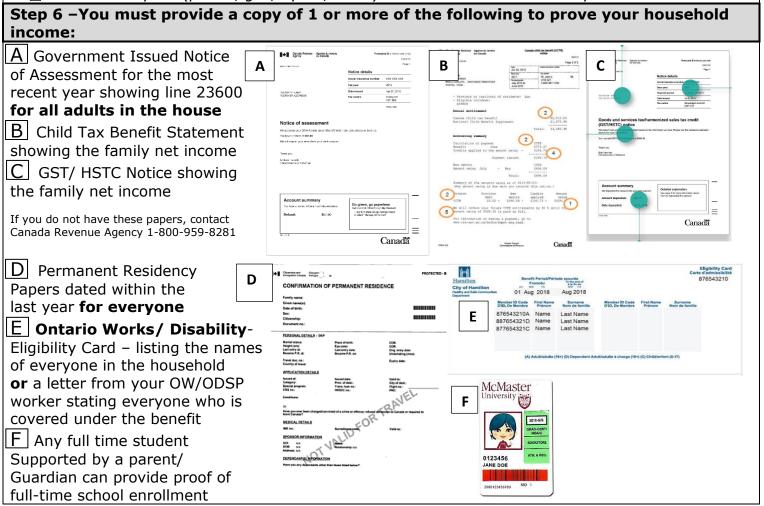
Submit by: E-mail: rap@hamilton.ca Fax: 905-546-2338 In person: Any City of Hamilton Recreation Centre Mail: City of Hamilton, Recreation Assistance Program, P.O Box 2040, Hamilton, ON, L8P 4Y5

<b>Type of Application:</b> NEW									
Step 1 – Eligibility: Approval is based on need using the Statistics Canada Low Income Measure									
numbers after tax (LIM). (currently using 2020)									
Combined household income must be below the amount shown (Line 23600)									
Circle # people	1	2	3	4	_	5	6	7+	
		\$37,576 \$46,021		\$53,140 \$59,412		\$65,083	\$70,298		
Step 2 – Household Information (Please print clearly)									
Unit #	Address	:							
City:	Province:			Postal Code:					
Cell Phone:		Home Phone:							
Email:				How can we contact you? <b>Check all that apply</b>					
□ Home Phone □ Cell Phone □ Email □ Mail Do you or anyone who lives in the house listed own a business? □ YES □ NO									
Are you or anyone who lives in the house self-employed?  YES NO									
<b>Step 3 – Household Occupants:</b> 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									
First Name		Last Name		Gender	Date of Birth		*Initials Required (*step 7)		
Applicant					(0	ld/mm/yy)			
Spouse/ Partner									
Other People in Hom	ne (list ever	yone includir	ig parents, gi	randparent	ts, sil	blings, adul	t children, kie	ds etc.)	
First Name		Last Name		Gender L		Date of Birth	-	Initials ages 18+/ Minor Sport Request	
					(dd/mm/yy)				
Step 4 – Support Needed (benefits are for 12 months)									
For Families (with children under 18)- all are included For Adults/Seniors									
□ Free Family Participation Pass (valid for drop-in programs) (no children at add							-		
□ 90% off Rec Centre program registrations up to \$150/child □ 75% off Participation Pass									
□ 50% off minor sport registration (max \$100, ice sports \$150) □ 75% off Skate Pass									
□ 65% off up to 15 days of Camp Kidaca (year-round programs) □ 50% off Waterfit Pass Yr/Mth									
Office Use Only V.1 Date:									
NOA Year Drug Card OW ODSP									
Check Legend ADWF SNWF SNSK POR DL Lease Bill Bank Other Fax Email									
	eived		Approved			Notified		EM	

## 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)
- $\Box$  Property tax bill or Current Tenancy/ Lease agreement
- $\Box$  Current utility bill (phone, gas, hydro, cable) dated within the last 30 days



RAP 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: