



# 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

Hamilton

**Type of Application:**  NEW  RENEWAL (previous RAP program participant)

**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 in Household	1	2	3	4	5	6	7+
	\$26,570	\$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? **Check all that apply**  
 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

**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

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

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

First Name	Last Name	Gender	Date of Birth (dd/mm/yy)	Initials ages 18+/ Minor Sport Request

**Step 4 – Support Needed (benefits are for 12 months)**

<p><b>For Families (with children under 18)- all are included</b></p> <p><input type="checkbox"/> Free Family Participation Pass (valid for drop-in programs)</p> <p><input type="checkbox"/> Free Family Skating Pass (valid for drop-in skating)</p> <p><input type="checkbox"/> 90% off Rec Centre program registrations up to \$150/child</p> <p><input type="checkbox"/> 50% off minor sport registration (max \$100, ice sports \$150)</p> <p><input type="checkbox"/> 65% off up to 15 days of Camp Kidaca (year-round programs)</p>	<b>OR</b>	<p><b>For Adults/Seniors (no children at address)</b></p> <p><b>CHOOSE ONE</b></p> <p><input type="checkbox"/> 75% off Participation Pass</p> <p><input type="checkbox"/> 75% off Skate Pass</p> <p><input type="checkbox"/> 50% off Waterfit Pass Yr/Mth</p>
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**Office Use Only** V.1 Date: \_\_\_\_\_

NOA \_\_\_\_\_ Year \_\_\_\_\_ Drug Card \_\_\_\_\_  OW  ODSP

Rec'd  ADPP  SNPP  ADSK  Mail

Check Legend  ADWF  SNWF  SNSK  POR  DL  Lease  Bill  Bank  Other \_\_\_\_\_  Counter

Online  Mem Admin Received \_\_\_\_\_ Approved \_\_\_\_\_ Notified \_\_\_\_\_  Centre

EM  Fax  Email

## 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 23600 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**

Notice of assessment

Account summary

Canada

**B**

Canada Child Tax Benefit (CCTB) statement

Accounting summary

Canada

**C**

Goods and services tax/harmonized sales tax credit (GST/HSTC) notice

Account summary

Canada

**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**

CONFIRMATION OF PERMANENT RESIDENCE

City of Hamilton

**E**

Eligibility Card

City of Hamilton

**F**

McMaster University

JANE DOE

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: \_\_\_\_\_

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