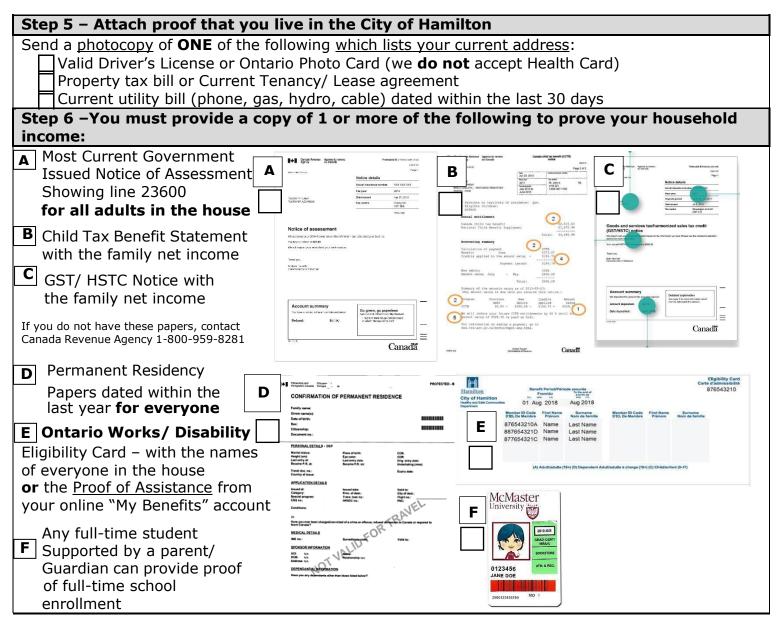
RECREATION ASSISTANCE PROGRAM - APPLICATION FORM Submit by: E-mail: rap@hamilton.ca In person: Any City of Hamilton Recreation Centre							
Hamilton Mail: City of Hamilton, Recreation Assistance Program, P.O Box 2040, Hamilton, ON, L8P 4Y5							
Type of Application: NEW							
Step 1 – Eligibility: Approval is based on need using the Statistics Canada Low Income Measure							
numbers after tax (LIM). (currently using 2023) Combined household income must be below the amount shown (line 23600)							
		$\frac{1}{4}$					
	,255 \$42,787 \$	\$60,51				\$80,047	
Step 2 – Household Information (Please print clearly)							
Unit # Address:							
City:	Province:		Postal Code:				
Cell Phone:			Home Phone:				
Email:							
Does anyone who lives in the house, own a business? YES NO							
Is 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							
Please Initial							
First Name	Last Name	Date of birth		* terms in Step 7			Contact ID
Applicant		(dd/I	mm/yy)			-	
Spouse/ Partner							
Other People in Home (list everyone including parents, grandparents, siblings, adult children, kids etc.)							
First Name	Last Name	Date of birth		I	nitials a	Contact ID	
		(dd/i	mm/yy)				
Step 4 – Support Nee							
For Families (with children under 18)- all are includedFor Adults/Seniors- Yearly□Free Family Participation Pass (valid for drop-in programs)OR□Free Family Skating Pass (valid for drop-in skating)OR□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) □ 50% off Waterfit Pass 							
Office Use Only Data							
	NOA \$						 Mail Counter Centre
□ Received □ Recorded □ Drug Card□ OW □ ODSP POR □ DL □ Lease □ Bill □ Bank □ Other □ Fax □ Email							
Received Approved Notif					lotified		□EM



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 Online: www.hamilton.ca/rap