



Hamilton

RECREATION ASSISTANCE PROGRAM - APPLICATION FORM**Submit by: E-mail:** rap@hamilton.ca**In person:** Any City of Hamilton Recreation Centre**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 Measure numbers after tax (LIM). (currently using 2023)

Combined household income must be below the amount shown (line 23600)

Circle # people in household	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7+ <input type="checkbox"/>
	\$30,255	\$42,787	\$52,403	\$60,510	\$67,652	\$74,109	\$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

First Name	Last Name	Date of birth	Please Initial * terms in Step 7	Contact ID
Applicant		(dd/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	Initials ages 18+	Contact ID
		(dd/mm/yy)		

Step 4 – Support Needed (benefits are for 12 months)**For Families (with children under 18)- all are included**

- ☐ Free Family Participation Pass (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- Yearly (no children at address)****CHOOSE ONE**

- ☐ 75% off Participation Pass
☐ 75% off Skate Pass
☐ 50% off Waterfit Pass

Office Use Only**Date:** _____

V.1

Year _____ NOA \$ _____

- ☐ Received
☐ Recorded

Drug Card _____ ☐ OW ☐ ODSP ☐ POR ☐ DL ☐ Lease ☐ Bill ☐ Bank ☐ Other _____Received Approved Notified

- ☐ Mail
☐ Counter
☐ Centre
☐ Fax
☐ Email

☐ 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 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 Most Current Government Issued Notice of Assessment Showing line 23600 for all adults in the house

B Child Tax Benefit Statement with the family net income

C GST/ HSTC Notice with the family net income

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

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

E Ontario Works/ Disability Eligibility Card – with the names of everyone in the house or the Proof of Assistance from your online "My Benefits" account

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

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