Hamilton

Fare Assist Discount Application – Renewal

THIS APPLICATION FORM SHOULD ONLY BE USED BY APPLICANTS THAT HAVE RECEIVED FARE ASSIST IN THE PAST 12 MONTHS

If you have internet access and an email address, please use the online application at SpecialSupportsBenefits.hamilton.ca. This will provide you with automatic updates on the status of your request.

If you do not have an email account, please complete this paper application, and see step 4 for mailing/submission information.

Fare Assist application details:

- ☐ Only one application is required for each household.
- ☐ A Notice of Assessment from the most recent tax year must be attached for each household member aged 18 years and older for low-income applicants **not** in receipt of Ontario Works (OW) or Ontario Disability Support Program (ODSP).
- ☐ For applicants **NOT** in receipt of OW or ODSP, a copy of ID must be attached for each household member, including a copy of ID for applicant showing current address.
  - OW and ODSP applicants provide Member ID only.
- ☐ Each eligible member of the household will receive a 50% discount on current single-ride PRESTO fares for one year.
- ☐ Applicants can re-apply each year.

Applicants must meet **ALL** the following criteria:

- ☐ Be a resident of Hamilton.
- ☐ Meet the Stats Canada Low Income Measure (LIM) financial eligibility criteria, **or** be a recipient of Ontario Works or Ontario Disability Support Payment benefits.

Step 1 Applicant Contact Information		
First Name		**Middle Name**
Last Name		**Date of Birth (dd/mm/yyyy)**
Street Address		
Line 2 / PO Box		**Unit**
City	**Province**	**Postal Code**
Phone	**Email Address**	

Step 2 Household Information and Income

Household income information is used to determine eligibility for the Fare Assist discount program

Family Type

☐ Single ☐ Single with children

☐ Couple (married or common-law) ☐ Couple with children (married or common-law)

Please list <u>all</u> members of your household:

1

APPLICANT

First and Last Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Ontario Works ☐ Ontario Disability Support Program

Member ID *(Notice of Assessment not required for OW/ODSP recipients)*

Income Source

☐ Employment ☐ Pension

☐ Self-Employment ☐ Other

☐ Employment Insurance ☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

2

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

First and Last Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Ontario Works ☐ Ontario Disability Support Program

Member ID *(Notice of Assessment not required for OW/ODSP recipients)*

Income Source

☐ Employment ☐ Pension

☐ Self-Employment ☐ Other

☐ Employment Insurance ☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

* see Page 4 for Note on Notice of Assessment

Step 2: Household Information and Income (continued)

Please list all members of your household

3

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18 OR** ☐ **DEPENDANT ADULT**

First and Last Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Ontario Works ☐ Ontario Disability Support Program

Member ID *(Notice of Assessment not required for OW/ODSP recipients)*

Income Source

☐ Employment ☐ Pension

☐ Self-Employment ☐ Other

☐ Employment Insurance ☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

4

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

First and Last Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Ontario Works ☐ Ontario Disability Support Program

Member ID *(Notice of Assessment not required for OW/ODSP recipients)*

Income Source

☐ Employment ☐ Pension

☐ Self-Employment ☐ Other

☐ Employment Insurance ☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

5

☐ **PARTNER/SPOUSE** ☐ **CHILD UNDER 18** ☐ **DEPENDANT ADULT**

First and Last Name	**Social Insurance Number**	**Date of Birth** (dd/mm/yyyy)

Income Source

☐ Ontario Works ☐ Ontario Disability Support Program

Member ID *(Notice of Assessment not required for OW/ODSP recipients)*

Income Source

☐ Employment ☐ Pension

☐ Self-Employment ☐ Other

☐ Employment Insurance ☐ No Income Source

Net Income *(From line 23600 of your most recent Notice of Assessment*)*

$

Please copy this page if you need to add additional family members

* see Page 4 for Note on Notice of Assessment

Note on Notice of Assessment

*** Line 23600 Net Income** is available from your latest *Notice of Assessment* **or** *Proof of Income Statement* issued by the Canada Revenue Agency (CRA).

If you do not have a copy of either your *Notice of Assessment* **or** *Proof of Income Statement*, contact CRA to request a *Proof of Income Statement*. You can reach CRA through the following methods:

- **Telephone** at **1-800-959-8281** press #2 and then #1. Callers will be asked for their Social Insurance Number and Total Income (Line 15000) from their most recently filed Tax Return;
- **Online** at https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals.html and go to "My Account"

The Fare Assist discount may be available to Hamilton residents whose total family Net Income is less than the amounts shown below. *If your Total Net Income* (applicant + partner/spouse + dependent adults) is more than the amount shown below, you will not qualify for City of Hamilton Special Supports benefits.

Current Statistics Canada Low-Income Measurement (LIM)

Family Size	Income Amount
1	31,317
2	44,289
3	54,243
4	62,634
5	70,027
6	76,711
7	82,857
8	88,578
9	93,951
10	99,033

Is anyone in this household currently in receipt of medical or employment transportation benefits from the OW, ODSP or Special Supports program? *

☐ Yes

☐ No

If yes, provide the name of the individual(s)_____

Is anyone in this household currently in receipt of transportation benefits from the Government Assisted Refugee Program (RAP)? *

☐ Yes

☐ No

If yes, provide the name of the individual(s)_____

Step 3: Declaration and Signature

1. I declare that the information I have given on this application form is true and correct to the best of my knowledge and no information required to be given has been concealed or omitted.
2. I give the City of Hamilton permission to verify the information that I have given and consult third parties as required.
3. I understand and agree that if any of the information is false, this application will automatically be denied.
4. I will advise the City of Hamilton of any changes to the information outlined in this application.
5. I understand that completing and submitting this application form to the City of Hamilton does not guarantee that assistance will be provided.
6. I understand that the City of Hamilton does not assume any liability and shall not be responsible in any way for any inconvenience, delay, alteration, cancellation, expenses, loss, death, injury, damages, information disclosure or otherwise suffered or incurred by any applicant or person in connection with this program or any part of it.
7. I understand that any personal information or personal health information collected from or about OW/ODSP clients will be used to determine eligibility of benefits and continued management of those programs. The City of Hamilton collects this information under authority of Section 1 of the Ontario Works Act, 1997, S.O. 1997, c. 25, Sched. A.
8. I understand that my personal information provided to determine my eligibility for the program, benefit or subsidy I am applying for and for the ongoing management of the that program is collected under the authority of Section 227 of the Municipal Act 2001.
9. I understand that my personal information may be shared with medical professionals and/or the City of Hamilton's approved vendor to determine eligibility and/or to provide the items requested.
10. I understand that the City of Hamilton does not reimburse for items purchased or services received without prior approval. If eligible for the item or service, I will receive a notification providing further information about getting the approved item or service.
11. I understand that questions about the program and collection of my personal information can be directed to the Manager of the Special Supports Program, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6. Phone: 905-546-2590 Email: support@hamilton.ca

Signature of Applicant **Date (dd/mm/yyyy)**

Signature of witness or interpreter
(Signature of witness is only required if applicant signs with an X mark)

☐ **OPTIONAL:** I authorize the City of Hamilton to communicate with the following person or agency on my behalf for the purposes of determining eligibility for the requested program, benefit, or subsidy.

Name	Agency
Phone	Email

Step 4: MAILING/SUBMISSION INSTRUCTIONS

Please mail or drop off the following to the address provided below

- This completed application **and**
- Copy of your identification showing your current address **and**
- Copy of identification for each household member **and**
- The most recent *Notice of Assessment* **or** *Proof of Income Statement* from Canada Revenue Agency for you, your spouse/ partner, every adult 18 and over.

For OW/ODSP Applications:

- This completed application **and**
- Provide your member ID only.

Fare Assist c/o Special Supports Program
City of Hamilton
1550 Upper James St., Unit 14A
Hamilton, ON L9B 2L6

Notice of Collection

The City of Hamilton collects information under authority of Sections 10 and 227 of the Municipal Act, 2001 and sections 7,8, 71-73 of the Ontario Works Act,1997 and section 59 of O. Reg. 134/98 (General) under the Ontario Works Act,1997. Any personal information collected for this Special Supports Health-Related Benefits application will be used to determine your eligibility for financial assistance and other benefits, to support the delivery of those benefits, and to ensure the program is properly administered in accordance with legislative requirements. By providing your contact information, you are consenting to receiving correspondence from the City of Hamilton and/or its agents/vendors/contractors for purposes related to this program. Please be advised that this information may be shared, where necessary, with third parties for the purpose of administering benefits. This includes sharing information if applicable with Ontario Works (OW) and Ontario Disability Support Program (ODSP) and/or other City services.

Questions about the collection of this personal information can be directed to the Manager of the Special Supports Program, Ontario Works Division, 1550 Upper James St Unit 14A, Hamilton, Ontario L9B 2L6 Phone: 905-546-2590 Email: support@hamilton.ca