



**CITY OF PETERBOROUGH
RECREATION DIVISION**

2017 SUBSIDY APPLICATION

General Information

Municipal Recreation Subsidy Program

The City of Peterborough offers two types of municipally funded Recreational Fee Subsidies to assist qualifying families residing in the City of Peterborough, as follows:

1. An annual maximum of \$200.00 per child (under the age of 19 years) toward the registration cost of recreational programs, sports, activities, and camps. Please contact the Recreation Division Subsidy Administrator at 705-742-7777 ext. 1827; and
2. A 50% subsidized membership at the Peterborough Sport & Wellness Centre (PSWC) for eligible individuals and families. The subsidized portion of the PSWC membership for children (under the age of 19 years) will be considered as part of the maximum \$200.00 allowed per year. For assistance with memberships or programs at the Wellness Centre please contact the Membership Services Coordinator at 705-742-0050 ext. 2203

To be eligible, an applicant must reside within the City of Peterborough, and meet the financial eligibility criteria identified in the chart below. You may be able to receive either a full or partial subsidy based on your family circumstances.

FAMILY SIZE	INCOME CUT-OFF	MAXIMUM PROGRAM SUBSIDY (Per child Per yr)
Up to 5	Up To \$39,000	\$200
	\$39,001 - \$42,300	\$100
6	Up To \$42,300	\$200
	\$42,301 - \$47,100	\$100
7+	Up To \$47,100	\$200
	\$47,101 - \$51,900	\$100

How to Apply

To apply for a program subsidy please complete the attached application and provide the following:

- Verification of your place of residence
 - Acceptable forms of verification include: rent receipt, property tax assessment or official residential billing (ie. PUC or Enbridge)
- Identification for yourself and spouse (if applicable)
 - Acceptable forms of verification include: health card, birth certificate, drivers' license
- Identification for all dependent children in your care
 - Acceptable forms of verification include: health card or birth certificate
- Verification of family income – please provide one of the following:
 - Most recent Notice of Assessment – Line 236 (NOA) from Revenue Canada for applicant and spouse (if applicable)
 - Most recent Annual Canada Child Tax Benefit statement showing family income
- Verification of the Recreation Program details
 - The details of the sport or physical activity in which your child would like to participate

Recipients of Ontario Works and ODSP

Please inquire through the Social Services office about eligibility for discretionary benefits prior to applying for Jumpstart. Please contact Social Services at 705-748-8830.

Canadian Tire Jumpstart



Jumpstart is available to assist children ages 4 to 18 from families in financial need with registration fees and equipment. Applications for assistance can be completed online at: <http://jumpstart.canadiantire.ca/en/what-we-do/want-to-apply>. If you do not have access to a computer please contact the Recreation Division at 705-742-7777 ext. 1827.

Specific to Hockey: To apply to The Big Play for assistance with hockey registration you must apply online at <http://jumpstart.canadiantire.ca/en/the-big-play>. If additional funding is required consideration can be given through the Recreation Subsidy.

Notification of Eligibility

Eligibility is dependent on meeting the eligibility requirements and the availability of subsidy funds. The Subsidy Administrator will contact applicants whose application is incomplete, or supporting documentation was missing. Eligible applicants will receive a Verification of Subsidy by mail or email within ten (10) business days, stating the amount of subsidy they are approved for. Applicants will then be required to forward the letter to the program provider. The application will not be considered until all information is submitted. The information provided on the Recreation Subsidy Application form is valid for a period of ninety (90) days.

Request for Reimbursement

If a registration fee was paid prior to applying for a recreation subsidy you may request a reimbursement. The request must be submitted within 30 days of payment of the registration fees. Requests made in excess of 30 days will not be considered.

Please direct any questions to the Recreation Division Subsidy Administrator at 705-742-7777 ext. 1827.

(See Next Page for the Application)

SUBSIDY APPLICATION

FILE NO.

PART A APPLICATION INFORMATION

Applicant Name (Main contact)		
First name	Last name	
Address		Apt./Unit #
City	Province	Postal Code
Home phone	Cell phone	
<p>Email Address:</p> <p>Note: I understand that the internet is not a secure method of communication and may contain my confidential information.</p> <p>I give my consent for the Recreation Subsidy Administrator to communicate my eligibility and to provide the Verification of Subsidy through email <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married/Common Law <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed</p>		
Spouse Name (if applicable)		
Do you or your spouse receive income from any of the following sources: (Please check all boxes that apply)		
<input type="checkbox"/> Employment <input type="checkbox"/> Training Allowance <input type="checkbox"/> Rental/Boarder Income <input type="checkbox"/> Self Employment <input type="checkbox"/> Student Loans <input type="checkbox"/> Ontario Works <input type="checkbox"/> Employment Insurance <input type="checkbox"/> Canada Pension Plan <input type="checkbox"/> Ontario Disability Support Program <input type="checkbox"/> WSIB <input type="checkbox"/> Old Age Security		
If so, please indicate the source and amount received monthly:		
Revenue Canada Income Information:		
Please enter below the amount as shown on line 236 from the Notice of Assessment for the last tax year or enter the family income as shown on the Canada Child Tax Benefit annual statement		
Applicant's Income:	Spouse/Partner's Income (if applicable):	
Total Household Income:		

**PART B
DEPENDENT CHILDREN INFORMATION**

Total Number of children in the family unit aged 18 years or younger:			
Please list all eligible dependents below:			
Child Name	Age	Date of Birth (YYYY/MM/DD)	Gender
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

**PART C
ABSENT PARENT INFORMATION:**

If applying as a single parent or foster parent please provide the following details about the absent parent(s). If not applicable skip to Part D:	
Name	
Address	
Details	<p>Is the Absent Parent Paying 50% of the registration fee: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If no, please provide details:</p> <p>NOTE: Assistance with the entire cost will only be considered if the absent parent is Deceased, Incarcerated, Estranged, In receipt of Social Assistance, Incapacitated, has a History of abuse or violence towards the applicant or dependent children, or if it would create undue hardship for the applicant to pursue.</p>

**PART D:
PROGRAM DETAILS**

Please provide details of the program you are requesting assistance with:
Name of Child:
Program Name:
Program Provider:
How many weeks will the program run:
of days per week the program will run and length of session:
Level of Play (House League/Rep/etc.):
Program Cost:

Please provide details of the program you are requesting assistance with:
Name of Child:
Program Name:
Program Provider:
How many weeks will the program run:
of days per week the program will run and length of session:
Level of Play (House League/Rep/etc.):
Program Cost:

Please provide details of the program you are requesting assistance with:
Name of Child:
Program Name:
Program Provider:
How many weeks will the program run:
of days per week the program will run and length of session:
Level of Play (House League/Rep/etc.):
Program Cost:

Please provide details of the program you are requesting assistance with:
Name of Child:
Program Name:
Program Provider:
How many weeks will the program run:
of days per week the program will run and length of session:
Level of Play (House League/Rep/etc.):
Program Cost:

**PART E
FUNDING PREVIOUSLY RECEIVED FROM THE CITY OF PETERBOROUGH**

Have you received assistance from the City of Peterborough previously this year for program or memberships?: Yes No

If yes, please provide date received and amount:

Note: If you have already submitted an application for assistance with a program or membership at the Peterborough Sport and Wellness Centre the amount received will be considered as part of the maximum \$200.00 allowed per year.

**PART F
DECLARATION & CONSENT**

Declaration:

- I solemnly declare that I am the Applicant named in this application.
- I understand the eligibility criteria.
- I have supplied the information in this application to the best of my knowledge and belief. All statements are true and no information required to be given has been withheld or omitted.
- I undertake to provide any additional information that may be requested.

Applicant's Signature	Date signed (YYYY/MM/DD)
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Consent to Release Information:

- I consent to the Recreation Fee Subsidy Program Administrator to communicate with the Program Provider(s) listed above for the sole purpose of verifying and confirming my eligibility for a Recreation Fee subsidy
- I consent to the payment being issued directly to Program Provider(s)

Applicant's Signature	Date signed (YYYY/MM/DD)
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Protection of Your Personal Information

The information provided in this application is used for the sole purpose of applying for and/or verifying eligibility for assistance under the City of Peterborough Recreation Fee Subsidy Program. This information is protected under the Freedom of Information and Personal Protection Act and the Municipal Freedom of Information and Protection of Privacy Act.

Once the application is complete please return it along with supporting documents in a sealed envelope to the City of Peterborough, Recreation Division Attention: Recreation Subsidy Administrator. This can be mailed or dropped off at 210 Wolfe Street, Peterborough Ontario, K9J 2K9 or emailed to cborrmann@peterborough.ca.

- Please contact the Recreation Division Subsidy Administrator at 705-742-7777 ext. 1827 if you have any questions

For office use only	
<input type="checkbox"/> Proof of Residence	<input type="checkbox"/> Approved <input type="checkbox"/> Declined
<input type="checkbox"/> Identification for applicant and dependents	Eligibility: <input type="checkbox"/> 50% <input type="checkbox"/> 100%
<input type="checkbox"/> Documentation of Household Income	Date:
<input type="checkbox"/> Program Details	Approved by:
Notes:	