

FOR OFFICE USE ONLY

Please provide one or more of the following documents showing net income/earnings for all adults as well as documents showing legal responsibility of dependants. All current original documents (**no** photocopies) must be presented in full. Date of issue must be recorded for all documents.

Canada Customs and Revenue Agency (CRA) Notice of Assessment form (T451, line 236)

(DATE OF ISSUE): 1) _____ 2) _____

Ontario Disabilities Support Program (DATE OF ISSUE): _____

Ontario Works (DATE OF ISSUE): _____

Canada Child Benefit Notice (DATE OF ISSUE): _____

Ontario Child Care Supplement for Working Families Entitlement Notice (DATE OF ISSUE): _____

Goods and Services Tax/Harmonized Sales Tax Credit Notice (DATE OF ISSUE): _____

Ontario Sales Tax Benefit (DATE OF ISSUE): _____

Confirmation of Permanent Residency for each family member (DATE OF ISSUE): _____

PR Category _____

Refugee Protection Claimant Document for each family member (DATE OF ISSUE): _____

Proof of Residency (DOCUMENT TYPE and DATE OF ISSUE) _____

Max. Qualifying Net Income

Family Size

1 person	\$20,998
2 persons	\$25,555
3 persons	\$31,822
4 persons	\$39,701
5 persons	\$45,207
6 persons	\$50,136
7 or more persons	\$55,065

Staff verification: (PRINT name and initial)

Staff verification: (PRINT name and initial)

Name of receiving Community Centre

MAIN CONTACT: (MUST PROVIDE CURRENT SUPPORTING DOCUMENTATION - see back)

 LAST Name (required information)

 FIRST Name (required information)

MALE
FEMALE
OPT OUT

SINGLE/
DIVORCED/
WIDOWED
 STUDENT
 65+ YRS
 MARRIED/
COMMON LAW

 E-MAIL Address (program confirmation will be sent via e-mail)

 HOME Phone (required information) CELL Phone BUSINESS Phone EXTENSION

 ADDRESS: Street Number / Street Name Suite / Apartment / Unit

 CITY / PROVINCE POSTAL Code

List your spouse and/or eligible dependants who live in the household (Persons 16 years of age and older must initial beside their name). Please indicate any family members who do not wish to receive subsidy by checking the **OPT OUT** box.

<input type="text"/> LAST Name	<input type="text"/> FIRST Name	<input type="text"/> BIRTH Date (Year/Month/Day)	<input type="checkbox"/> M or F OPT OUT <input type="checkbox"/> INITIALS
<input type="text"/> LAST Name	<input type="text"/> FIRST Name	<input type="text"/> BIRTH Date (Year/Month/Day)	<input type="checkbox"/> M or F OPT OUT <input type="checkbox"/> INITIALS
<input type="text"/> LAST Name	<input type="text"/> FIRST Name	<input type="text"/> BIRTH Date (Year/Month/Day)	<input type="checkbox"/> M or F OPT OUT <input type="checkbox"/> INITIALS
<input type="text"/> LAST Name	<input type="text"/> FIRST Name	<input type="text"/> BIRTH Date (Year/Month/Day)	<input type="checkbox"/> M or F OPT OUT <input type="checkbox"/> INITIALS
<input type="text"/> LAST Name	<input type="text"/> FIRST Name	<input type="text"/> BIRTH Date (Year/Month/Day)	<input type="checkbox"/> M or F OPT OUT <input type="checkbox"/> INITIALS
<input type="text"/> LAST Name	<input type="text"/> FIRST Name	<input type="text"/> BIRTH Date (Year/Month/Day)	<input type="checkbox"/> M or F OPT OUT <input type="checkbox"/> INITIALS

How long have you lived in Canada?

Born in Canada, 0-2 years 3-5 years over 5 years

Are you currently accessing other recreation or sport subsidies (ie Jump Start, Jerry Love Children's Fund)?

(check box) yes no. If yes: _____

I, the undersigned, certify the information set forth in this application is true and complete to the best of my knowledge. I understand that it is my obligation to update my Recreation account if any changes occur in my family's financial situation. I understand that this updated information may terminate my eligibility for the program. I understand that any falsified statements on this application or inability to provide documentation upon request can result in termination of any financial assistance granted by the City of Mississauga, Recreation Division. To ensure that available subsidies help as many residents of Mississauga as possible, I am not currently receiving another City-administered subsidy. I also understand that the information provided may be utilised for evaluation/research purposes and I may be contacted by email/ post mail/ phone to provide feedback during participation in the fee assistance program. Participation in research is not a requirement for continued Active Assist funding.

Signature: _____

Date: _____

OFFICE USE ONLY

New ActiveAssist applicant
Existing Active Assist Recipient
Expires: _____
New Recreation Account

TO BE ELIGIBLE FOR ACTIVEASSIST THE FOLLOWING CURRENT FORMS MUST BE SHOWN TO STAFF:

Where possible, forms must be original issue copies. We will accept online printouts in some cases.

ITEM 1: Proof of Mississauga residency**ITEM 2: Canadian documentation to show total individual or family net income****ITEM 3: Proof of legal responsibility for all dependants****DOCUMENTS CONTAINING ALL ELIGIBILITY REQUIREMENTS:**

Provide one of the following documents to verify all three eligibility criteria

- Canada Child Benefit Notice
- Goods and Services Tax/Harmonized Sales Tax Credit Notice
- Ontario Child Care Supplement For Working Families Notice

**ITEM 1
PROOF OF RESIDENCY:**

- Canada Child Benefit Notice
- Goods & Services/Harmonized Sales Tax Credit Notice
- Ontario Child Care Supplement for Working Families Notice
- Valid Ontario Driver's Licence
- Utility bill (hydro, gas, water)
- Valid Ontario Photo Card
- Property tax bill
- Insurance policy (home, tenant, auto)
- Mortgage, rental/lease agreement

**ITEM 2
PROOF OF INCOME:**

NET INDIVIDUAL INCOME:

- Canada Revenue Agency (CRA) Notice of Assessment (T451)

NET FAMILY INCOME:

- Canada Child Benefit Notice
- Goods & Services/Harmonized Sales Tax Credit Notice
- Ontario Child Care Supplement for Working Families Notice
- Ontario Works monthly statement
- Ontario Disability Support Program monthly statement

**ITEM 3
PROOF OF LEGAL RESPONSIBILITY FOR DEPENDANTS:**

- Canada Child Benefit Notice
- Goods & Services Harmonized Sales Tax Credit Notice
- Ontario Child Care Supplement for Working Families Notice
- Ontario Works monthly statement with Drug Benefit Eligibility Card or valid Healthy Smiles Card
- Ontario Disability Support Program monthly statement with Drug Eligibility Card or valid Healthy Smiles Card

REFUGEES

Refugees are eligible to apply for ActiveAssist within the first year of receiving the following documents that indicates refugee status and eligibility. Only these documents are required to validate the family members and Mississauga residency; income is not a requirement.

- Confirmation of Permanent Residency or Permanent Residency Card indicating refugee status, issue date within one year **OR**
- Refugee Protection Claimant Document, issue date within one year
- **AND** Bank statement or a lease/rental agreement to confirm Mississauga address.

NOTE:

The City of Mississauga reserves the right to request additional documentation.

All support documents must be from the current base tax year.

Ontario Works and Ontario Disability Support Program must be from the current month.

Personal information on this form is collected by the City of Mississauga under the authority of Section 11 of the Municipal Act, 2001 and the City of Mississauga policy 08-03-06 and will be used for the purpose of ActiveAssist Fee Assistance program administration; contacting you to provide feedback during participation in the program; and periodic mailings pertaining to ActiveAssist and registered programs. Your information may also be used for evaluation and research purposes for the program.

Questions about this collection should be directed to:

Manager, Recreation, Customer Service Centre,
301 Burnhamthorpe Rd W, Ground Floor,
Mississauga ON L5B 3Y3 Tel: 905-615-4100.