



MAIN CONTACT: (MUST PROVIDE CURRENT SUPPORTING DOCUMENTATION IN THIS NAME)

LAST Name (required information)	FIRST Name (required information)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Marital Status: <input type="checkbox"/> STUDENT <input type="checkbox"/> SINGLE/ WIDOWED <input type="checkbox"/> MARRIED/ COMMON LAW <input type="checkbox"/> DIVORCED/ SEPARATED
HOME Phone	CELL Phone	BIRTH Date (Year/Month/Day)	
ADDRESS: Street Number / Street Name		Suite / Apartment / Unit	
CITY	PROVINCE	POSTAL Code	
E-MAIL Address (program confirmation will be sent via e-mail)		STAFF USE ONLY: <input type="checkbox"/> OPT OUT* YES	
		Applicant Initials	

List spouse/partner and all additional eligible dependents that live at your address:				STAFF USE ONLY:	
Dependents over the age of 18yrs should apply with their own application and supporting documents.					Applicant Initials
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	
LAST Name	FIRST Name	BIRTH Date (Year/Month/Day)	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	OPT OUT* <input type="checkbox"/> YES	

***if you check yes for opt out it means that the person will not receive active assist funds**

How long have you lived in Canada?

Less than 1 year 1-2 3+ years

Have you registered for programs using the Jerry Love Children's

Fund) within the past year? yes no

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 utilized 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.

X

signature

Date: _____

OFFICE USE ONLY

Name of Receiving Community Centre: _____ Date Received: _____

Family Size ____ New Applicant, Account Created Previously Received Funds, Expiry: _____

Document Verified: NofA OW/ODD ODSP CCB GST/HST PR/RPCD

Issue Date: _____ / _____ PR Category: _____

Verified By _____ Signature: _____

Verified By _____ Signature: _____

Max Qualifying Net Income (LICO)

Family Size

1 person.....	\$ 22,060
2 persons.....	\$ 26,849
3 persons.....	\$ 33,433
4 persons.....	\$ 41,710
5 persons.....	\$ 47,495
6 persons.....	\$ 52,673
7+ persons.....	\$ 57,852



The City's fee assistance program, ActiveAssist, gives Mississauga residents in low-income households and newcomers with refugee status access to recreation and culture programs. We use the [Statistics Canada low income cut-offs](#) to determine who is eligible for fee assistance.

Each eligible family member on your application will receive a non-refundable credit of \$275 that's valid for one year. You can apply and receive your credit once per year. Students over the age of 18 years old without a dependent or anyone receiving another City fee assistance program (such as the Jerry Love Children's Fund) are ineligible for this program.

Complete the Recreation Fee Assistance Application on the back of this page and bring it to your local community centre or the Customer Service Centre at the [Paramount Fine Foods Centre](#).

You'll need to provide one or more current documents listed below when you submit your application in-person (in addition to proof of address if not indicated on supporting documents). Where possible, supporting documents must be original issue copies, however, we can view electronic (PDF) copies in some cases. All support documents must be from the current base tax year. Ontario Works and Ontario Disability Support Program must be from the current month. The City of Mississauga reserves the right to request additional documentation.

We'll process your application within 15 business days of receiving it. Once your application is approved you'll receive a letter in the mail with your subsidy start date and registration information.

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

*If your current address does not match the address listed on the document you will be required to show a current lease/mortgage document as proof of address.

Applying as an individual/family without dependants:

- Canada Revenue Agency Notice of Assessment(s) T451, line 236 (NofA)*, **or**;
- Ontario Works monthly statement (OW)**, **or**;
- Ontario Disability Support Program monthly statement (ODSP)**
*separate documents must be presented for each person listed on the application form
**all persons listed on the application form must be listed on the document presented

Applying as a family with dependants:

- Canada Child Benefit Notice (CCB), **or**;
- Goods & Services/Harmonized Sales Tax Credit Notice (GST/HST), **or**;
- Ontario Drug/Dental Benefit Eligibility Card with valid Healthy Smiles Card for each dependant (ODD), **or**;
- Ontario Disability Support Program monthly statement with Drug Benefit Eligibility Card (ODSP)**
**all persons listed on the application form must be listed on the document presented

Applying with refugee status as a newcomer to Canada:

Refugees to Canada may be eligible to apply for Active Assist within the first year of receiving the following documents which indicate immigration status. Immigration documentation is required for each member of the family in addition to proof of residency; income is not a requirement.

- Confirmation of Permanent Residency Form indicating refugee status, issue date within 1 year (PR), **or**;
- Refugee Protection Claimant Document, issue date within 1 year (RPCD)

And, Proof of Address (for Refugees only a Current Bank Statement can be accepted in lieu of lease/mortgage agreement)

NOTE: 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.

For questions please contact:

Customer Service Centre, 5600 Rose Cherry Place, L4Z 4B6; (905) 615-4100; Recreation.Subsidy@mississauga.ca