

Fee Assistance Program Application

2024/2025

Community Services
Recreation
Customer Service Centre
5600 Rose Cherry Place
Mississauga, Ontario L4Z 4B6
Tel. 905-615-4100
Email: recreation.subsidy@mississauga.ca



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.

MAIN CONTACT (must provide current supporting documentation in this name)

Last Name		First Name		Gender Male Female	Marital Status Student
Home Phone	Cell Phone	Birth Date (YYYY MM DD)		Single/Widowed	
Address (Street Number/Street Name)		Suite/Apartment/Unit		Married/Common Law	
				Divorced/Separated	
City	Province	Postal Code		Staff Use Only	
Email Address (program confirmation will be sent via e-mail)				Opt Out* <input type="checkbox"/> Yes	
				Applicant Initials <input type="text"/>	

List spouse/partner and all additional eligible dependants that live at your address.

Dependants over the age of 18yrs should apply with their own application and supporting documents.

STAFF USE ONLY

Last Name	First Name	Birth Date (YYYY/MM/DD)	Gender	Opt Out*	Applicant Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes	<input type="text"/>

*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? Have you registered for programs using the Jerry Love Children's Fund within the past year?

Less than 1 year
 1-2 years
 3+ years
 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.

Signature Date

OFFICE USE ONLY

Name of Receiving Community Centre		Date Received		Max Qualifying Net Income (LICO) Family Size 1 person.....\$ 25,297 2 persons.....\$ 30,788 3 persons.....\$ 38,338 4 persons.....\$ 47,829 5 persons.....\$ 54,463 6 persons.....\$ 60,401 7+ persons.....\$ 66,339
Family Size <input type="text"/>	<input type="checkbox"/> New Applicant, Account Created	<input type="checkbox"/> Previously Received Funds, Expiry <input type="text"/>		
Document Verified <input type="checkbox"/>	<input type="checkbox"/> NofA <input type="checkbox"/> OW/ODD <input type="checkbox"/> ODSP	<input type="checkbox"/> CCB <input type="checkbox"/> GST/HST <input type="checkbox"/> PR/RPCD/ETV		
Issue Date <input type="text"/>	PR Category <input type="text"/>			
Verified By <input type="text"/>	Signature <input type="text"/>	Verified By <input type="text"/>	Signature <input type="text"/>	