

# Fee Assistance Program Application

2026/2027

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	<b>Staff Use Only</b>
			Opt Out* <input type="checkbox"/> Yes
Email Address (program confirmation will be sent via e-mail)			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?

Less than 1 year    1-2 years    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.

Signature

Date

### OFFICE USE ONLY

Name of Receiving Community Centre	Date Received	<b>Max Qualifying Net Income (LICO) Family Size</b> 1 person.....\$ 26,440 2 persons .....\$ 32,179 3 persons .....\$ 40,071 4 persons .....\$ 49,991 5 persons .....\$ 56,925 6 persons.....\$ 63,131 7+ persons.....\$ 69,337
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"/> 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"/>