



Recreation Fee Assistance Program Application

Fully complete this form, and submit to a reception desk at a City of Oshawa recreation facility for processing. Incomplete forms may result in delays in processing. Please print clearly.

Please note it could take up to five business days before you hear back on the status of your application. For inquiries, contact Recreation Services at 905-436-3311 or via email at activeOshawa@oshawa.ca.

Program Overview:

The Recreation Fee Assistance Program may be able to provide you and your family with financial assistance towards fees for programs and services dependent on your gross annual family income.

To qualify for the Recreation Fee Assistance Program, you must:

- Live in Oshawa. Proof of residency is required at the time of application by government-issued identification, or by a recent utility bill (from the previous month), rental/lease agreement.
- Have a gross family income not exceeding 25% above the Low-Income Cut-Offs (L.I.C.O.) threshold. View the most recent L.I.C.O. information at Oshawa.ca/Subsidy.
- Provide recent official documentation to support your gross family income, such as a recent Notice of Assessment from the Canada Revenue Agency.

Note: A family is a maximum of two adult parents/guardians and their immediate children 17 years of age and under living at the same address.

Applicant (Main Contact):

Last Name	First Name	Date of Birth (yy/mm/dd)	Gender M F X
Address (including apt, unit, etc.)		City Oshawa	Postal Code
Home Phone Number	Work Phone Number	Cell Phone Number	
Email			

Spouse/Partner:

Last Name	First Name	Date of Birth (yy/mm/dd)	Gender M F X
Work Phone Number	Cell Phone Number	Email	

This form may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used and maintained by the City of Oshawa for the Recreation Fee Assistance Program. Questions regarding this collection may be directed to the City's Information Access and Privacy Officer, 905-436-3311.

Children (17 years and under living at same address):

Last Name	First Name	Date of Birth (yy/mm/dd)	Gender M F X
Last Name	First Name	Date of Birth (yy/mm/dd)	Gender M F X
Last Name	First Name	Date of Birth (yy/mm/dd)	Gender M F X
Last Name	First Name	Date of Birth (yy/mm/dd)	Gender M F X

If are requesting a fitness membership for anyone on this application form, please indicate the individuals below:

Select your membership duration: ☐ 1 month ☐ 3 months ☐ 6 months ☐ 12 months

☐ Income verification and proof of Oshawa address attached for Applicant and Spouse/Partner.

Applicant's Signature	Date
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For Office Use Only:**Proof of Address Verified:**

Applicant (Main Contact)

- ☐ Government-issued identification **OR**
☐ Rental/Lease Agreement **OR**
☐ Utility bill from previous month with address

Spouse/Partner

- ☐ Government-issued identification **OR**
☐ Rental/Lease Agreement **OR**
☐ Utility bill from previous month with address

Income Verified:

Applicant (Main Contact)

- ☐ Notice of Assessment
☐ Ontario Disability Support Program Statement
☐ Ontario Works Statement
☐ Canada Child Benefit Statement

Spouse/Partner

- ☐ Notice of Assessment
☐ Ontario Disability Support Program Statement
☐ Ontario Works Statement
☐ Canada Child Benefit Statement

Application Outcome:

- ☐ Approved (☐ 50% Subsidy ☐ 35% Subsidy) ☐ Declined

Valid From (Enter date)		Valid To (Enter date)	
Winter (Enter year)	Spring (Enter year)	Summer (Enter year)	Fall (Enter year)

- ☐ Account information entered ☐ Add Alert to Client(s) in Intelli
☐ Client(s) enrolled into subsidies ☐ Advise Client
☐ Application filed with Registration Software and Financial Administrator

Staff Name	Staff Signature
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