



Recreation Fee Assistance Program

Personal information on this form is collected pursuant to Section 11 of the Municipal Act, 2001 and will be used to determine the eligibility of the request. Questions about this collection should be directed to the City's Freedom of Information Coordinator at 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, by phone at 905-436-3311 or by email at clerks@oshawa.ca.

This form is an application for the Recreation Fee Assistance Program only. You will need to complete registration and/or membership forms separately.

Access to the Recreation Fee Assistance Program for eligible persons is determined by Council policy and Recreation and Culture Services Branch criteria.

Please print clearly.

Personal information of all individuals. (Must be an Oshawa resident).

Applicant (Main Contact)

Last Name	First Name	Date of Birth (dd/mm/yy)	Gender (M/F/X)
Family Address	City Oshawa	Postal Code	
Email	Home Phone	Business or Cell Phone	

Spouse/Partner

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

Children (17 years and under living at same residence)

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

Notice of Assessment and Proof of Oshawa Address attached for Applicant & Spouse/Partner I, _____, have completed this application form for the Recreation Fee Assistance Program and state that the information I have provided is complete and accurate to the best of my knowledge. I agree to accept financial responsibility for the partial payment of the program(s) and/or membership(s) myself and family are registered in.

Applicant's Signature	Date
-----------------------	------

For Office Use Only:

Proof of Address Verified:

Applicant (Main Contact)

- Driver's license **OR**
- Rental/Lease Agreement **OR**
- Utility bill from previous month with address

Spouse/Partner

- Driver's license **OR**
- Rental/Lease Agreement **OR**
- Utility bill from previous month with address

Income Verified:

Applicant (Main Contact)

- Notice of Assessment

Spouse/Partner

- Notice of Assessment

Application Outcome:

- Approved Declined

Processed by:

Name	Signature	Date
------	-----------	------

If Approved:

Assistance approved 50% Subsidy 35% Subsidy

Valid From	Valid To
------------	----------

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