

**Document Name**  
**FOR OFFICE USE ONLY**  
 Please provide one or more of the following documents showing net income/earnings for all adults below the designated cut off as well as documents showing legal responsibility of children. All documents must be current.

Canada Customs and Revenue Agency (CRA) Notice of Assessment form (T451, line 236)  
 (YEAR/MONTH/DAY): 1) \_\_\_\_\_ 2) \_\_\_\_\_

Ontario Disabilities Support Program Drug Benefit Eligibility Card (YEAR/MONTH/DAY): \_\_\_\_\_

Ontario Works Drug/Dental Benefit Eligibility Card (YEAR/MONTH/DAY): \_\_\_\_\_

Canada Child Tax Benefit Notice (YEAR/MONTH/DAY): \_\_\_\_\_

Ontario Child Care Supplement for Working Families Entitlement Notice (YEAR/MONTH/DAY): \_\_\_\_\_

Goods and Services Tax/Harmonized Sales Tax Credit Notice (YEAR/MONTH/DAY): \_\_\_\_\_

Ontario Sales Tax Benefit (YEAR/MONTH/DAY): \_\_\_\_\_

Max. Qualifying Net Income

Family Size	Max. Qualifying Net Income
1 person	\$20,160
2 persons	\$24,536
3 persons	\$30,553
4 persons	\$38,117
5 persons	\$43,404
6 persons	\$48,136
7 or more persons	\$52,869

Staff verification: (PRINT name and initial)

Staff verification: (PRINT name and initial)

Name of receiving Community Centre

**Main Contact**

LAST Name (required information)		FIRST Name (required information)	
E-MAIL Address (program confirmation will be sent via e-mail)			
HOME Phone (required information)	CELL Phone	BUSINESS Phone	EXTENSION
ADDRESS: Street Number / Street Name			Suite / Apartment / Unit
CITY / PROVINCE			POSTAL Code

MALE  SINGLE   
 FEMALE  STUDENT   
 65+ YRS   
 MARRIED/  
 COMMON LAW

**List all family members, including spouse and/or eligible dependents who live in the household** (Persons 16 years of age and older must initial beside their name). Please indicate if any family members will not be participating in this subsidy by checking the OPT OUT box.

LAST Name (required information)	FIRST Name (required information)	BIRTH Date (Year/Month/Day)	M or F	INITIALS
				OPT OUT <input type="checkbox"/>
LAST Name (required information)	FIRST Name (required information)	BIRTH Date (Year/Month/Day)	M or F	INITIALS
				OPT OUT <input type="checkbox"/>
LAST Name (required information)	FIRST Name (required information)	BIRTH Date (Year/Month/Day)	M or F	INITIALS
				OPT OUT <input type="checkbox"/>
LAST Name (required information)	FIRST Name (required information)	BIRTH Date (Year/Month/Day)	M or F	INITIALS
				OPT OUT <input type="checkbox"/>
LAST Name (required information)	FIRST Name (required information)	BIRTH Date (Year/Month/Day)	M or F	INITIALS
				OPT OUT <input type="checkbox"/>
LAST Name (required information)	FIRST Name (required information)	BIRTH Date (Year/Month/Day)	M or F	INITIALS
				OPT OUT <input type="checkbox"/>
LAST Name (required information)	FIRST Name (required information)	BIRTH Date (Year/Month/Day)	M or F	INITIALS
				OPT OUT <input type="checkbox"/>

How long have you lived in Canada?  
 Born in Canada,  0-2 years  3-5 years  over 5 years

Are you currently accessing other recreation or sport subsidies (ie Jump Start, Jerry Love Children's Fund)?  
 (check box)  yes  no. If yes: \_\_\_\_\_

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 utilised 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.

**OFFICE USE ONLY**

New ActiveAssist applicant

Existing ActiveAssist Recipient Expires: \_\_\_\_\_

New Recreation Account

Signature: \_\_\_\_\_ Date: \_\_\_\_\_