

Recreation Connection Program Application

Each eligible family member on your application will receive a credit of \$300 which is valid for one year. You may apply for and receive the credit once per year. The program is available to Oakville residents only.

Personal information on this form is collected under the authority of the Municipal Act, S.O. 2001, c.25 and will be used for the purpose of program registration administration. Questions about this collection may be directed to: Recreation and Culture department, Town of Oakville, 1225 Trafalgar Road, Oakville, Ontario, L6H 0H3. Tel: 905-815-2000.

FOR OFFICE USE ONLY

OPTION 1 – TOWN STAFF: Please provide one or more of the following documents for all adults below the designated cut off, as well as documents showing legal responsibility of children. All documents must be current and verified by 2 Town of Oakville staff.

<p>Maximum Qualifying Income</p> <p>Family Size Income</p> <p>1 person.... \$25,303</p> <p>2 persons...\$31,498</p> <p>3 persons... \$38,723</p> <p>4 persons... \$47,016</p> <p>5 persons... \$53,323</p> <p>6 persons... \$60,142</p> <p>7+ persons...\$66,958</p>	<p><input type="checkbox"/> Notice of Assessment Date (yyyy/mm/dd): 1) _____ 2) _____</p> <p><input type="checkbox"/> Canada Child Tax Benefit Notice Date (yyyy/mm/dd): _____</p> <p><input type="checkbox"/> Proof of Permanent Residency/CUAET Date (yyyy/mm/dd): _____</p> <p><input type="checkbox"/> Refugee Protection Claimant Date (yyyy/mm/dd): _____</p>	<p><input type="checkbox"/> Ontario Works (OW) Statement of Assistance Date (yyyy/mm/dd): _____</p> <p><input type="checkbox"/> Ontario Disability Support Program (ODSP) Statement of Assistance Date (yyyy/mm/dd): _____</p> <p><input type="checkbox"/> Goods and Services Tax/Harmonized Sales Tax Credit Notice Date (yyyy/mm/dd): _____</p>
--	---	--

Staff verification (print name and initial) _____

Staff verification (print name and initial) _____

OPTION 2- Approved Community Referral: Community Referrals will only be accepted from Halton Region, Halton Children’s Aid Society, Oak Park Neighbourhood Centre, Kinark and the Syl Apps Youth Centre staff.

Referring Organization: _____ **Contact name:** _____

Title: _____ **Contact phone number:** _____

Extension: _____ **Contact e-mail:** _____

I, the undersigned, certify the information set forth in this application is true and complete to the best of my knowledge. The below applicant meets the eligibility criteria provided and should be approved to receive the Recreation Connection subsidy.

Referrals signature: _____ **Date:** _____

All completed applications should be sent to Oakville Town Hall in-person, via inter-office mail, or scanned by e-mail to:

affordableaccess@oakville.ca
Fax: 905-338-4188
For all other inquiries: 905-815-2000

Main contact information

Last name (required)		First name (required)	Birthdate (yyyy/mm/dd)
_____		_____	_____
E-mail address (program confirmation will be sent via e-mail)			

Home phone (required)	Cell phone	Business phone	Ext.
_____	_____	_____	_____
Address (street number and street name)			Suite/Apt./Unit
_____			_____
City/Province			Postal code
_____			_____

Please list spouse and/or eligible dependents who reside in the household

Last name	First name	Birthdate (yyyy/mm/dd)
_____	_____	_____
Last name	First name	Birthdate (yyyy/mm/dd)
_____	_____	_____
Last name	First name	Birthdate (yyyy/mm/dd)
_____	_____	_____
Last name	First name	Birthdate (yyyy/mm/dd)
_____	_____	_____
Last name	First name	Birthdate (yyyy/mm/dd)
_____	_____	_____
Last name	First name	Birthdate (yyyy/mm/dd)
_____	_____	_____

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 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 Town of Oakville, Recreation and Culture department. I also understand that I may be contacted by email/post mail to provide feedback during participation in the fee assistance program.

Applicant signature: _____ Date: _____

