

## **Fee Assistance Application Play Your Way Fund**



Recreation and Sport Customer Service P O Box 5035, London ON N6A 4L9

Additional information on reverse.

Applicant (main contact)					
Last name	First name		Date of birth (MM/DD/)	(Y)	
Address		Apt/Unit no.	City	Postal code	
Telephone number / extension E-r	mail address		London		
·					
Proof of London residency  Current rent or  mortgage agreement	Current utility or tax bill	Current benefit statem	nent 🗌 Curren	t driver's licence	
Spouse/Partner					
Last name	First name		Date of birth (MM/DD/	YY)	
Children/Dependents					
Last name	First name		Date of birth (MM/DD/YY)		
Proof of current annual family in			\		
(Please check every box that applies a Canada Pension Plan (CPP)	nd attach copies of those doct ☐ Ontario Disability Sup		ar.) Referral from S	Social Agency	
/ Disability	or ASDC (include Drug	g Benefit Card)	(must state tot	al family income)	
Guaranteed Income Supplement (GIS)	☐ Ontario Student Assis (OSAP)	tance Program	Worker's Com	pensation	
☐ Notice of Assessment	☐ Pay stubs (2 consecut	tive and current)	Other		
Sources of Income (use the reverse side i	f more lines are needed) Na	ame of Family Member Rece	iving Income	Annual Income	
The above information I have provided residents of London. I agree to accept we be granted fee assistance based of NOTE: This form must be signed by all	financial responsibility for the n false information.	services that myself or m	y family have regi		
X					
Applicant signature		Date signed (DD/MM/YYYY)			
X					
Applicant signature		Date signed (DD/MM/YYYY)			
The personal information on this form is collected under the authority of the Municipal Act, 2001, Section 11 and will be used		For City of London U	se only		
		AID: Status		Processed by	
for the purpose of determining eligibility for fit the form of a fee waiver for Recreation and	Sport programs and	CID:			
services, and to administer this program. It naggregate statistical reporting. Questions a		SID:		Data	
may be directed to the City of London R	ecreation and Sport	ADID:		Date	
Services - Supervisor of Customer Service, 4L9, or call 519-661-5575.	P U BOX 5035, NbA	FN:			

Children (continued)		
Last name	First name	Date of birth (MM/DD/YY)

Sources of Income (continued)	Name of Family Member Receiving Income	Annual Income

## Instructions for Fee Assistance Application - Play Your Way Fund

Bring or mail your completed application form with copies of supporting documents to one of the locations listed at the end of this document. Please note, if you are presenting information on behalf of a family member who is 18 or over, it must be accompanied with a signed letter from the individual consenting to the release of this information on his/her behalf. Any information you provide will be returned to you or destroyed, as directed by you.

- 1. For identification purposes, please provide any one of the following documents for each family member:
  - a. Birth certificate
  - b. Canadian Citizenship, permanent resident card or Refugee documents
  - c. Certificate of Indian Status
  - d. Canadian Passport
  - e. Valid Ontario driver's license
- 2. The following is a list of applicable proofs of income. If you have income from a), b) or c), please attach a current copy of one of those sources.
  - a. Canada Revenue Agency Notice of Assessment from the current year for each adult in the household, showing line #236 (net income)
  - b. Canada Revenue Agency Goods and Services Tax/Harmonized Sales Tax stating family net income
  - c. Canada Child Tax Benefit summary, showing family Adjusted Annual Income

If you cannot provide one of the documents above, please provide proof of any income source indicated below.

- d. Government benefits stub (Current month): OW, ODSP/ACSB, EIB, CCP, OAS, GAINS, etc.
- e. Pay stubs (2 consecutive & current)
- f. Other household income such as child or spousal support, rental income, etc.
- g. Refugee Provide a copy of any government document that confirms you are receiving support under the Resettlement Assistance Program or Interim Federal Health Program

We can approve Fee Assistance for anyone who has come to Canada as a refugee and has not been sponsored by a family or group. Please provide a copy of the Refugee Protection Claimant Document or any other government document that confirms you are receiving support under the Resettlement Assistance Program or Interim Federal Health Program. We cannot accept immigration papers because they do not tell us that you are a refugee covered by these programs.

If you are unable to provide proof of income documents, you may submit a signed letter from a representative of a social agency or religious institution that lists all family members, verifies your total family income, and includes your address. This includes letters from shelters or services for homeless. All letters must be printed on agency letterhead.

- 3. Proof of Residency in London:
  - a. Rent receipts that show address and name of applicant
  - b. Lease or mortgage agreement
  - c. Property tax bill
  - d. Current utility bill
  - e. Current Child Tax Benefit statement
  - f. Valid Ontario Driver's License

Play Your Way Fund application forms are available online at www.london.ca/playyourway.