



Residents over 19 years of age are required to complete their own application.

CONTACT INFORMATION:

Name of Applicant:	Email:
Date of Birth:	Home#:
Address:	Work#:
Postal Code:	Cell #:

Marital Status: Married Single Divorced Common-Law

Name of Spouse/Partner:	Date of Birth:
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NAMES OF FAMILY MEMBERS

	First Name	Last Name	Date of Birth (mm/dd/yy)	Signatures (13 years +)
1				
2				
3				
4				
5				
6				
7				

DOCUMENTATION REQUIRED

Notice of Assessment(s) is required for all immediate family members that are adults (19+ years). This does not include roommates or other non-immediate family members. They must complete their own application, unless a full-time student.

(*Notice of Assessment is the form that the Canada Revenue Agency sends to all taxpayers after processing their returns. If you do not have a copy of your Notice of Assessment, it can be obtained by calling 1.800.959.8281.)

Please write down the Total gross income (before tax Line 150) as stated on your latest Notice of Assessment from Revenue Canada for all adults (19+years).

Adult # 1 _____ (Line 150)

Adult# 2 _____ (Line 150)

INCOME REQUIREMENT:

Indicate current major source of income.

- Employment Disability Canada Pension Plan Old Age Security Student Finance Employment Insurance York Region Financial Support Other:

PROOF OF RESIDENCY REQUIREMENT

This program is for King Township residents only. To verify, we require a copy of one of the utility bills listed below with the applicant's name and current address.

Please attach a copy of the required documents with your application. Your application will be sent back if you have not attached these documents.

Please check off which one you have included:

Notice of Assessment and one of the following:

- Cell Phone Bill Property Tax Bill PowerStream Bill Bank Statement Cable Bill Home Phone Bill

Appendix A

Other: _____

PROGRAM REQUESTS:

Participant Name	Program Name	Location	Day/Time	Code

I, _____ have completed this application form for fee assistance and state that the information I have provided is true to the best of my knowledge. I agree to accept financial responsibility for the program(s) myself and my family is registered in, should my application be denied.

Proof of Total Family Income (attached) Proof of King Township Residency (attached)

Client's Signature: _____

Date: _____

Please allow two(2) weeks to process the application. If you do not hear from us, please call 905.833.5321 to check the status of your application

Thank you for your interest in our program

FREQUENTLY ASKED QUESTIONS

When can I register for a program?

Once you receive your credit confirmation, check program registration dates in your Recreation Guide or online at www.king.ca

Can I apply for fee assistance through online registration?

No. You can only apply by phoning 905.833.8531

Does approval of my application guarantee my program choice?

No. Registration in programs is dependent on space availability.

Can I use my credit towards my child's activities?

No. Your individual credits cannot be transferred to other individuals or family members.

Do I have to contribute some of my own funds along with my credit to pay for a program?

It depends. No payment is required unless the program fee exceeds \$300.00.

Once my credit is used up can I receive more?

If you continue to meet all of the eligibility you can apply for the program every 12 months. Applications for the next year may be made 30 days prior to the end of your current enrollment period.