

RecAssist Application

Adult children over 18 years of age are required to complete their own application.

Please print clearly.

Name of Applicant: _____

Date of Birth (mm/dd/yy): _____ Barcode: _____

Address: _____ Apt#: _____

City: _____ Province: _____ Postal Code: _____

Home No: () Work No: () Cell No: ()

Marital Status: Married Single Divorced Common-law

Name of Spouse/Partner: _____

Date of Birth (mm/dd/yy): _____

Names of Family Members:

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

Documentation Required Emailed to RecAccount@vaughan.ca or fax to 905.832.8550.

1. **Notice of Assessment(s)*** is **required** for **all** immediate family members that are adults (over 18 years). This does not include roommates or other non-immediate family members. They must complete their own application. Students 18 years and older that are part of a family application for fee assistance must provide proof of full-time student status. **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 236) as stated on your **latest** Notice of Assessment from Revenue Canada for all adults (19 years+).

Adult #1 _____ (Line 236)

Adult #2 _____ (Line 236)

Total: _____ (Refer to chart below to see if you qualify for assistance.)

Low Income Cut Off (before tax) for Urban Area Population of 100,000 - 499,999

Please attach a copy of your Notice of Assessment(s) with this application.

Your application will be **returned** if your Notice of Assessment(s) is not attached.

1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person
\$23,861	\$29,706	\$36,520	\$44,340	\$50,290	\$56,718	\$63,147

Income Requirement:

Indicate current major source of income.

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

2. Proof of Residency Requirement:

This program is for City of Vaughan 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 Utility Bill Bank Statement Property Tax Bill
- Cable Bill Home Phone (Please call for verification) Driver’s Licence Other: _____

Program Requests:

Participant Name	Program Name	Location	Day/Time	Code

I, (Print Name) _____ 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 Vaughan Residence (attached)

This waiver must be signed in order for this application to be processed.

This form may contain personal information as defined under the Municipal Freedom of Information and Protection of Privacy Act. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used by the City of Vaughan for the purpose of program registration, payment, mailings and the rental of City facilities and will become part of Recreation Services files where applicable. Questions regarding this collection may be directed to the Director of Recreation Services, City of Vaughan, 2141 Major Mackenzie Drive, Vaughan, Ontario L6A 1T1, 905.832.8500.

Permission is hereby granted to Recreation Services or its representative to transport my children to a local doctor or hospital for medical treatment if necessary. I agree to release, discharge, to indemnify and save harmless the City of Vaughan from and against all claims or proceedings in respect of any costs, losses, damage, or injury. By registering in a program I agree to medical attention and accept inherent risks associated with the program.

Client’s Signature: _____ Date: _____

Please allow two (2)weeks to process the application. If you do not hear from us, please call 905.832.8500 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, please check program registration dates in your Recreation Guide or online at vaughan.ca/RecOnline.

Can I apply for fee assistance through online registration or IVR?

No. You can only apply by phoning 905.832.8500.

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. **Basic Level Programs:** no payment required unless program fee exceeds \$200; **Value Added Programs:** 25% payment required; **Premium Programs:** 50% payment required; Additional information regarding funding levels is available by calling 905.832.8500.

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 enrolment period.