



RecACCESS

FEE ASSISTANCE APPLICATION FORM

Maximum Qualifying Household Net Income Limits		
Household Size	Limit for Full RecACCESS	Limit for Partial RecACCESS
1	\$ 20,952	\$ 26,190
2	\$ 26,082	\$ 32,603
3	\$ 32,065	\$ 40,081
4	\$ 38,931	\$ 48,664
5	\$ 44,154	\$ 55,193
6	\$ 49,800	\$ 62,250
7	\$ 55,444	\$ 69,305
Each Additional	+ \$ 5,644	+ \$ 7,055

Amounts are based on Statistics Canada's 2014 low income cut-offs (LICOs) and are subject to change.

Contact Information

Male
 Female

Last Name

First Name

_____ / ____ / ____
Birth Date (MM/DD/YY)

Street Address (street name & number, unit / apt number if applicable; postal code)

E-mail Address

Phone Number

DEPENDANTS Spouse and/or eligible dependants who reside in the household. Persons aged 16+ must initial beside their name.

_____	_____	<input type="checkbox"/> Male	_____ / ____ / ____	Initials
Last Name	First Name	<input type="checkbox"/> Female	Birth Date (MM/DD/YY)	
_____	_____	<input type="checkbox"/> Male	_____ / ____ / ____	Initials
Last Name	First Name	<input type="checkbox"/> Female	Birth Date (MM/DD/YY)	
_____	_____	<input type="checkbox"/> Male	_____ / ____ / ____	Initials
Last Name	First Name	<input type="checkbox"/> Female	Birth Date (MM/DD/YY)	
_____	_____	<input type="checkbox"/> Male	_____ / ____ / ____	Initials
Last Name	First Name	<input type="checkbox"/> Female	Birth Date (MM/DD/YY)	
_____	_____	<input type="checkbox"/> Male	_____ / ____ / ____	Initials
Last Name	First Name	<input type="checkbox"/> Female	Birth Date (MM/DD/YY)	

Supporting Documents ONE (1) Document from Each Section MUST be Attached to the Application.

Section 1 - Residency	Section 2 - Total Family Income	Section 3 - Eligible Dependents
<input type="checkbox"/> Driver's License	<input type="checkbox"/> GST/HSTC Notice	<input type="checkbox"/> GST/HSTC Notice
<input type="checkbox"/> Ontario Photo Card	<input type="checkbox"/> Canada Child Benefit Notice	<input type="checkbox"/> Canada Child Benefit Notice
<input type="checkbox"/> Recent Utility Bill (Within 2 Mths)	<input type="checkbox"/> Ontario Trillium Benefit Notice	<input type="checkbox"/> Ontario Trillium Benefit Notice
<input type="checkbox"/> Lease Agreement	<input type="checkbox"/> ODSP Eligibility Card	
	<input type="checkbox"/> Ontario Works	
	<input type="checkbox"/> Guaranteed Income Supplement	

Would you like a City of Barrie Membership?
 Yes
 No

If Yes, Select one:
 RecPass (Holly, East Bayfield, Allandale)
 Seniors Centre (Allandale, Parkview)

I, the undersigned, certify the information set forth in this application is true to the best of my knowledge. I understand that it is my obligation to pay any and all taxes related to all Recreation memberships and program registrations. 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 Barrie Recreation Services Department, and also understand that I may be contacted by e-mail/post/phone to provide feedback during participation in the fee assistance program. The City of Barrie has partnered with Jumpstart by Canadian Tire to provide additional opportunities for Youth aged 4-18 to participate in active recreational activities. I, the undersigned authorize the City of Barrie to provide the following information to Jumpstart for eligible dependants (First Name, Last Name, Date of Birth, Gender, Postal Code) to apply for an additional \$22.00 credit.

FOR OFFICE USE ONLY

Applicant New Existing
Coverage Full Partial

Expiry Date (MM/DD/YY)

Signature

Date (MM/DD/YY)

Name & Date (Please Print)