Township of Clearview

Access to Affordable Recreation Application

Main Applicant Information

First Name	
Last Name	
Street Address (street name & number, Unit / Apt number if applicable, postal code)	
Town/City	
Phone Number	
Email Address	

Dependents (Eligible dependents who reside in the household)

Last Name	**First Name**	**Birth Date (MM/DD/YY)**
Last Name	**First Name**	**Birth Date (MM/DD/YY)**
Last Name	**First Name**	**Birth Date (MM/DD/YY)**
Last Name	**First Name**	**Birth Date (MM/DD/YY)**

Supporting Documents

ONE (1) Photocopied document from each section must be attached to the application

Section 1 – Application Identification	**Section 2 – Residency**
○ Birth Certificate ○ Passport ○ Certificate of Indian Status ○ Canadian Citizenship or Permanent Resident Card ○ Immigration and refugee document provided by Citizenship and Immigration Canada ○ Ontario Driver's License ○ Ontario Health Card ○ Ontario Photo Card ***Identification must have full names and date of birth***	○ Lease/rental agreement ○ Current Utility Bill ○ Current Child Tax Benefit Statement ○ Current bank statement ○ Mortgage Statement ○ Property Tax Bill ○ Driver's License ***Must have full name of the primary applicant, address and be valid within the last three (3) months.***

Income Eligibility Reference

To determine program eligibility the applicant must verify their application by having a local health or social service agency provide confirmation of the applicants financial and/or family situation. A list of examples is provided in the program overview.

First and Last Name	
Position	
Phone Number	
Email	
Relationship	

I hereby declare that the applicant listed on this application is in financial need and warrants the assistance of the Township of Clearview for their child to participate in the identified recreational activity. I understand that the Township of Clearview may contact me to verify my endorsement

Reference Signature: _____ **Date:** _____

Applicant Signature

I, the undersigned, certify the information in the application is true to the best of my knowledge. I understand that any falsified statements on this application or inability to provide documentation upon request can result in termination of any financial assistance grant by the Township of Clearview and understand that I or my reference may be contacted by email/phone to provide feedback during participation in the fee assistance program.

Signature: _____ Date: _____

Notice with respect to Collection of Personal Information

This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001, c. 25, Section 23(1) as amended. The information will be used in respect to the application and issuing financial assistance as permitted in the Access to Affordable Recreation Policy. Personal Information will be disclosed to the Clerk's Department in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c. M. 56 as amended. For more information, please contact: Terry Vachon, Director of Parks and Recreation at 705-428-6230 ext. 502

FOR OFFICE USE ONLY

Collected By:	**Verified By:**	**Date Verified:**
Full - Partial - Denied	**Approved By:**	**Date Approved:**