



Fee Assistance in Recreation (F.A.I.R.) Application Form

Please ensure all photocopies of supporting documentation are stapled to this form.

| Section 1 – Primary Applicant’s Information (Adult) | | | | | | | |
|--|----------|--------------------|----------|---|----------|--------------------------------|----------|
| Last Name: | | First Name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose | | Date of Birth: (dd/mm/year) | |
| Home Phone: | | Alternative Phone: | | | | | |
| Address: | | | | | | Unit #: | |
| City: | | Postal Code | | | | | |
| Email: | | | | | | | |
| Section 2 – Family Information Please list all persons living at the above address | | | | | | | |
| Spouse / Partner Last Name: | | First Name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose | | Date of Birth: (dd/mm/year) | |
| Dependent Family Members | | | | | | | |
| Last Name: | | First Name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose | | Date of Birth: (dd/mm/year) | |
| Last Name: | | First Name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose | | Date of Birth: (dd/mm/year) | |
| Last Name: | | First Name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose | | Date of Birth: (dd/mm/year) | |
| Last Name: | | First Name: | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose | | Date of Birth: (dd/mm/year) | |
| Section 3 – Eligibility Assistance is granted based on need, using the Statistics Canada Low Income Cut-off (LICO) level. Total family household annual income needs to be below the LICO to be approved for the F.A.I.R. Program | | | | | | | |
| Circle the number of people in your household to see which figure applies to your family. Family size includes you, your spouse or partner and dependents living in your home. Low Income Cut-off figures (before tax) by number of people in household* | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2022 | \$25,303 | \$31,498 | \$38,723 | \$47,016 | \$53,323 | \$60,142 | \$66,958 |

Eligibility for Fee Assistance in Recreation (F.A.I.R.) must be renewed every calendar year.

*(Source: Statistics Canada, Table 2, Low Income Cut Offs (1992 base) before tax 2022, Income Research Paper Series, 75002M, Table 2,

Section 4 – Proof of Residency in the City of St. Catharines (only one required)

Acceptable documents must show name, current address. (Indicate which one attached)

- Copy of Current Driver's License
- Copy of Property Tax bill or dated tenancy agreement, dated within previous 30 days

Section 5 – Total Annual Family Income

- Copy of current **Notice of Assessment** for each adult in household.

The Notice of Assessment is a copy of the current official Canada Revenue Agency Notice of Assessment for each adult in the household, showing total income (line #150). If you cannot find your Notice of Assessment, call the Canada Revenue Agency at 1-800-959-8281 and request documentation from them showing line # 150.

If you are unable to provide any part of the documentation required, but feel you would otherwise still be covered, please call 905 688-5601 ext. 1800 to discuss your options.

Section 6 – Program Assistance being requested

- 50% discount on registered group programs provided by the City of St. Catharines.
- 50% discount on passes or memberships for up to a 12-month period.

Section 7 – Application Signature (required for processing)

The collection, use and disclosure of personally identifying information submitted on this form is governed by the Municipal Act, R.S.O. 1990, C.M.56. Personally, identifying information will be used by the City of St. Catharines to assess eligibility of the applicant for Fee Assistance In Recreation and for statistical purposes. The City will make every reasonable effort to protect the applicant's personally identifying information. Questions about this collection, use and disclosure should be directed to Recreation Supervisor Aquatics, St. Catharines Kiwanis Aquatics Centre, 425 Carlton St., St. Catharines, ON, L2M 4W9.

I, the undersigned, certify the information set forth in this application is true and complete. I understand that it is my obligation to update my ActiveSTC account if any changes occur in my family's financial situation. I understand that this updated information may terminate my eligibility for the program. 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 St. Catharines. Private lessons are not included.

Application will be processed in 5 – 7 business days. The applicant will receive a letter of acceptance or denial.

Applicant's Signature

Date: dd/mm/year

Your completed application form, with all required documentation, can be dropped off at the St. Catharines Kiwanis Aquatics Centre in envelope marked City of St. Catharines, Fee Assistance in Recreation Program, St. Catharines Kiwanis Aquatics Centre, 425 Carlton St., St. Catharines, ON, L2M 4W9 or email to aquatics@stcatharines.ca