

A: MAIN CONTACT						
LAST NAME						
FIRST NAME						
ADDRESS				APT #	CITY	POSTAL CODE
MAIN PHONE #			ALT PHONE #		DATE OF BIRTH (MM/DD/YY)	
EMAIL ADDRESS					GENDER	

B: FAMILY INFORMATION (please list partner and/or eligible dependents who reside in the household)					
LAST NAME	FIRST NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH (MM / DD / YY)	GENDER (M / F / OTHER)	STUDENT (Y / N)

NOTE: Proof of full-time enrollment is required for students 18 years of age or older

To be eligible for **ACTIVEASSIST BRAMPTON**, the following documents must be submitted:

- Proof of Brampton residency;
- Proof of legal responsibility for all dependents; **and**
- Canadian documentation indicating total individual and/or family net income.
 - The following is a list of eligible documents that can be provided (Note: only one document is required unless otherwise indicated):
 - Canada Child Tax Benefit Notice;
 - Goods & Services Tax/Harmonized Sales Tax (GST/HST) Credit Notice;
 - Ontario Works and Ontario Disability Support Program statement (must be from the current month)
 - Ontario Trillium Benefit Notice

Newcomers/refugees who have landed within the last 12 months **MUST** provide **BOTH** of the following documents:

1. Government of Canada Confirmation of Permanent Residency **OR** Refugee Protection Claimant Document

AND

2. Proof of Residency

The City of Brampton reserves the right to request additional documentation.

I understand and acknowledge that:

- The information set forth in this application is true and complete to the best of my knowledge;
- It is my obligation to update my Family Account if any changes occur in my family composition and/or net income and I understand that this updated information may terminate my eligibility for the program;
- Any falsified statements on this application or inability to provide documentation upon request may result in termination and the requirement to repay any financial assistance granted by the City of Brampton, Recreation Division; **and** My, or any listed dependents, participation in associated programs/services will also be bound by the applicable Terms and Conditions and failure to do so may terminate my eligibility for the program.

Signature

Date (mm/dd/yy)