

Saugeen Shores
Affordable Recreation Program – Passes for Access
Application Form

NEW Application
 Revision/Re-application - Application ID: _____ (if known)

This form is an application for the Subsidized 10-Visit Active Pass only. One form is required for each application. Incomplete forms or missing documentation may result in review delays.

Applicant Information:

Name Of Applicant (Please Print)

Last _____

First _____

Date Of Birth

(MM/DD/YYYY)

Gender: _____

Address

Street _____

City _____ Prov _____

Postal Code _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

I have read and understand the Saugeen Shores Access Recreation Program (ARP) – Internal Subsidy guidelines: Yes No

Do you currently hold a Town of Saugeen Shores ActiveNet Account? Yes No

If no, do you authorize the Town of Saugeen shores to create an ActiveNet Account on your behalf? Yes No NA

Household Income:

Number of individuals in the household aged 18+ contributing to the household income: _____

Total household income: \$ _____

Please note: Verified proof of income documents for all individuals aged 18+ contributing to annual household income must be brought for verification when you attend the facility to pick up the subsidized Active Pass. Eligible documents must include annual income and are listed below. Documents must be issued within the last 365 days. Failure to provide proof of income documents or inaccurate reporting will result in termination of the application.

Eligible Proof of income documents include:

- Notice of Assessment
- Proof of Assistance (OW or ODSP)
- Ontario Disability Support Program
- Canada Pension Plan Statements
- Letter from Social Agency / Financial Institution
- Guaranteed Income Supplement (GIS)
- Workers Compensation Benefits
- Employment Insurance

Proof of household income documents are only reviewed during the application process and are not stored on file. Proof of income documents must be reviewed for each application including re-application.

Declaration:

I _____ have completed this application for “Affordable Recreation Program” and state that the information I have provided is true to the best of my knowledge. I agree to accept financial responsibility for the membership and/or program(s) I am registered in should my application be denied. I understand that all privileges will be revoked if my application is found fraudulent. I authorize representatives of the Town of Saugeen Shores to contact both Bruce and Grey County on my behalf to confirm program eligibility.

Signature _____

Date _____

Completed applications may be submitted via email to recreationsubsidy@saugeenshores.ca or delivered to:

Town of Saugeen Shores
Attention: Pryde AWC
600 Tomlinson Drive PO Box 820
Port Elgin, Ontario N0H 2C0

Please note: Once received, completed applications may take up to 10 business days to process and review. Incomplete applications or inaccurate information may result in processing delays or denial of application. Once reviewed, staff will contact the applicant and inform them of application status. If approved, the applicant will be able to pick up their subsidized 10-punch Active Pass at the Pryde AWC following providing proof of income documentation.

Questions Regarding this form may be directed to recreationsubsidy@saugeenshores.ca or 519-832-2627

Office Use Only

Application ID: _____ Received By: _____ Date: _____

Applicant ID/ Address Verification: Driver's License Health Card Passport OtherApplicant Address Eligible: Yes No**Proof Of Household Income:** (Check all that apply for each Household Member)

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Notice of Assessment	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Guaranteed Income Supplement (GIS)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Proof of Assistance (Ontario Works / ODSP)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Workers Compensation Benefits
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ontario Disability Support Program	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Employment Insurance
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> CPP	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Letter from Social Agency/ Financial Institution	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Not Required

Address Verified: Yes No Financial Need Verified: Yes (Household income below LICO) No Not EligibleDoes the applicant currently hold a subsidized Active Pass? Yes (Number of visits remaining:_____) NoReviewed By: _____ Approved: Yes No Date: _____

Notes: _____

Payment: Saugeen Shores: \$_____ Client: \$_____ Client Payment Received: _____

Active Pass Issue Date: _____ Active Pass #: _____

Active Pass Issued By: _____

Personal information on this form is collected pursuant to the Town of Saugeen Shores "Affordable Recreation Program" Policy. The personal information will be used for the purpose of determining eligibility for financial assistance pursuant to the Towns "Affordable Recreation Program" only. Questions about this collection of information can be made to the Policy representative.