

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		Gender:	
(MM/DD/YYYY)			
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: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you currently hold a Town of Saugeen Shores ActiveNet Account? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, do you authorize the Town of Saugeen shores to create an ActiveNet Account on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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:			
<ul style="list-style-type: none">• 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: <input type="checkbox"/> Driver’s License <input type="checkbox"/> Health Card <input type="checkbox"/> Passport <input type="checkbox"/> Other		
Applicant Address Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No Financial Need Verified: <input type="checkbox"/> Yes (Household income below LICO) <input type="checkbox"/> No <input type="checkbox"/> Not Eligible		
Does the applicant currently hold a subsidized Active Pass? <input type="checkbox"/> Yes (Number of visits remaining:____) <input type="checkbox"/> No		
Reviewed By: _____ Approved: <input type="checkbox"/> Yes <input type="checkbox"/> 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.