

**F.A.I.R.**  
**Fee Assistance in Recreation**  
**Application Form**

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**CONFIDENTIAL INFORMATION**

Information contained within this application is confidential and will not be released.  
Applicant must be a resident of the City of Guelph.

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Date of Application: \_\_\_\_\_

Name of Person **REQUESTING** Fee Assistance: \_\_\_\_\_

(PLEASE PRINT)

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City: \_\_\_\_\_ Postal: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Referring Person/Agency \_\_\_\_\_

(PLEASE PRINT)

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**1. Participant and Program Information**

1) \_\_\_\_\_  
Participant Name Date of Birth

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Program/Activity/Membership Name \$ \_\_\_\_\_

\_\_\_\_\_  
Program Start Date Program Fee

2) \_\_\_\_\_  
Participant Name Date of Birth

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Program/Activity/Membership Name \$ \_\_\_\_\_

\_\_\_\_\_  
Program Start Date Program Fee

3) \_\_\_\_\_  
Participant Name Date of Birth

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Program/Activity/Membership Name \$ \_\_\_\_\_

\_\_\_\_\_  
Program Start Date Program Fee

**2. Eligibility Information**

**Total combined income of all family members before deductions:**

Net Earnings:\$\_\_\_\_\_ Government Assistance \$\_\_\_\_\_

Other Income: \$\_\_\_\_\_

\*Attach verification of income from ALL sources of family income. Examples may include:

- Income Tax Return
- Monthly Bank Statement (within one month of application)
- Government Assistance Cheque stub (indicating both the payee and payment amount)
- Child Support
- Child Tax Benefits
- Workers Compensation Benefits
- Disability Insurance Benefits

**Number of Persons in Household** \_\_\_\_\_

**I agree that the above information and all the attached information supplied with this application is true and correct.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature of Applicant, Parent, Guardian, or Caregiver)

**Forward completed applications to:**

- Any City of Guelph Recreation or Community Centre
- Service Guelph Counter at City Hall
- F.A.I.R City of Guelph, Community Services Department  
1 Carden St Guelph, ON N1H 3A1

***Do not fax applications or documentation as confidentiality can not be guaranteed:***

**Incomplete or insufficient documentation may result in denial of funding request.**

**\* Note that approvals and subsidy levels are based on availability of funds.**

**Applications are reviewed and approved on a weekly basis.**

**Please allow sufficient processing time.**

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***FOR OFFICE USE:***

***Application Received:*** \_\_\_\_\_ ***Tracking #*** \_\_\_\_\_

***Subsidy percentage approved/staff init:*** \_\_\_\_\_ ***Maximum amount: \$*** \_\_\_\_\_

***Void after:*** \_\_\_\_\_ ***(Date)***

**Entered in CLASS staff initial:** \_\_\_\_\_