MUNICIPALITY OF PORT HOPE, DEPT. OF PARKS, RECREATION & CULTURE
SUBSIDY/FEE ASSISTANCE APPLICATION FORM
CONFIDENTIAL INFORMATION
APPLICANT MUST BE A Municipality of Port Hope RESIDENT

Name of Parent/Guardian:	
Home Phone #:	Cell/Work Phone #:
Address/City:	Postal Code:
Email Address:	

FAMILY COMPOSITION – Adults and Children

Name	Date of Birth	Occupation or School

Total Household Income & Assets: $_____

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

_____ _____
Signature of Applicant(s) Date

Personal information on this form is collected under the authority of the Municipal Act, R.S.O. 1980, chapter 302 (as amended) and will be used to access registration for the Municipality of Port Hope programs. Questions about this collection should be directed to the Director of Corporate Services, c/o Municipality of Port Hope, 56 Queen St., Port Hope, ON (905)885 4544

Completed applications can be sent to the Program Coordinator at the Town Park Recreation Centre

OFFICE USE ONLY

Total Household Income & Assets: $ _____ Staff Initial _____
Proof of income copy: _____ Staff Initial _____
Verification of Residence: _____ Staff Initial _____

Subsidy approved percentage per person: _____ % Not to exceed $200 per year