

**CARE** (Creating Accessible Recreation for Everyone) is a confidential fee assistance program that can be used for access to recreation programs and memberships. Town of Newmarket residents may each qualify for a % discount of up to a maximum of 50% off program/membership registration each calendar year based on their low family income as per the Statistics Canada LICO (Low Income Cut Off) measure.

**SECTION A Main Contact (please print) - (Must provide supporting documentation outlined on back of form)**

<b>Last Name:</b>	<b>First Name:</b>
Date of Birth: (Day/Month/Year): ____ / ____ / ____	Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>
<b>Address:</b>	
<b>City: Newmarket</b> (must be a resident of Newmarket to apply)	<b>Postal Code:</b>
<b>Home Phone:</b>	<b>Other Phone:</b>
<b>E-mail:</b>	<input type="checkbox"/> New CARE Applicant <input type="checkbox"/> Existing CARE Applicant
Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Student <input type="checkbox"/> 55yrs+ <input type="checkbox"/> Married/Common Law <input type="checkbox"/>	

**SECTION B Statistics Canada Low Income Cut-offs (LICO)**

Check One	Family Size	Max. Qualifying Net Income (before taxes)	Check box next to family size. Family size includes you, spouse, partner, and dependents living in the household.
<input type="checkbox"/>	1	\$49,200	To be eligible for the CARE Program, your family income (before taxes) must be below the minimum or within the income scale in the Statistics Canada Low Income Cut-off table.  Refer to Line 260 on your Canada Revenue Agency Personal Income Tax Notice of Assessment.
<input type="checkbox"/>	2	\$61,250	
<input type="checkbox"/>	3	\$75,300	
<input type="checkbox"/>	4	\$91,424	
<input type="checkbox"/>	5	\$91,424	
<input type="checkbox"/>	6	\$91,424	
<input type="checkbox"/>	7+	\$91,424	

**SECTION C List all family members including spouse and/or eligible dependents living in the household.**

<b>Last Name:</b>	<b>First Name:</b>
Date of Birth: (M/D/Y): ____ / ____ / ____	Gender (Optional):
<b>Last Name:</b>	<b>First Name:</b>
Date of Birth: (M/D/Y): ____ / ____ / ____	Gender (Optional):
<b>Last Name:</b>	<b>First Name:</b>
Date of Birth: (M/D/Y): ____ / ____ / ____	Gender (Optional):
<b>Last Name:</b>	<b>First Name:</b>
Date of Birth: (M/D/Y): ____ / ____ / ____	Gender (Optional):
<b>Last Name:</b>	<b>First Name:</b>
Date of Birth: (M/D/Y): ____ / ____ / ____	Gender (Optional):
<b>Last Name:</b>	<b>First Name:</b>
Date of Birth: (M/D/Y): ____ / ____ / ____	Gender (Optional):
Are you currently accessing other recreation or sports subsidies (PLAY; York Region, Jump Start)? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If so, what subsidy and for whom? _____	

## Application Timing & Process:

Please be advised that due to the number of subsidy applications, the review and approval process takes **3 – 4 weeks from time of submission to process your application.**

We advise you **apply well in advance (minimum 4 weeks) before the registration start date of the service(s)** you wish to participate in.

You will then be contacted by a Town Employee by either email (or phone if email is not an option) advising you of your application status.

Please note that approved funding is not retroactive and therefore cannot be applied or used towards previous registrations made prior to your funding approval.

I, the undersigned, certify the information set forth in this application is true and complete to the best of my knowledge. I understand that it is my obligation to update my Recreation account if any changes occur in my family's financial situation. I understand that this updated information may terminate my eligibility for the program. I understand that any falsified statements on this application or inability to provide documentation upon request can result in termination of any financial assistance granted by the Town of Newmarket, Recreation & Culture Department. To ensure that available subsidies help as many residents of Newmarket as possible, I am not currently receiving another Town, York Region, or Sport administered subsidy on the program that I'm applying for. I also understand that the information provided may be utilised for evaluation/research purposes and I may be contacted by email/ post mail/ phone to provide feedback during participation in the fee assistance program. Participation in research is not a requirement for continued CARE funding.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUPPORTING DOCUMENTATION

TO BE ELIGIBLE FOR CARE APPLICANT MUST BE A **TOWN OF NEWMARKET RESIDENT** AND THE FOLLOWING FORMS MUST BE PROVIDED:

- ✓ **Canada Customs & Revenue Agency (CRA) Notice of Assessment (T451) for each family member that is 18 years old and over**

For families with children:

- ✓ **Canada Child Tax Benefit Notice**
- Or
- ✓ **Harmonized Sales Tax (GST/HST) Credit Notice**

All support documentation must be for the **most recent taxation year.**

Please send application and required support documentation as follows:

### By Mail:

Business Support Coordinator  
Town of Newmarket  
Recreation & Culture Dept.  
395 Mulock Dr.  
P.O. Box 328, STN Main,  
Newmarket ON L3Y 4X7

Or

**In Person**, to the attention of Recreation & Culture, Business Support Coordinator at one of the following locations:

- Town of Newmarket Municipal Offices (Monday-Friday 8:30am-4:30pm) - 395 Mulock Dr.
- Ray Twinney Recreation Complex Kiosk - 100 Eagle St. W.
- Magna Centre Recreation Complex Kiosk - 800 Mulock Dr.
- Old Town Hall - 460 Botsford St.

For enquires: [care@newmarket.ca](mailto:care@newmarket.ca) or 905-895-5193 ext. 2612

## REFUGEES

Refugees are eligible to apply for CARE within the first year of receiving the following documents which proves refugee status and eligibility. Only these documents are required to validate family members and Town of Newmarket residency; income is not a requirement:

- Confirmation of permanent residency OR the Government of Canada – Permanent Resident Card indicating refugee status, or the Refugee Protection Claimant Document or a lease/rental agreement.
- Bank Information (i identifies permanent Town of Newmarket address)

### Please note – as part of the application process:

The Town of Newmarket reserves the right to request additional documentation. All support documents must be from the most current tax year.

Personal information on this form is collected by the Town of Newmarket under the authority of Section 11 of the Municipal Act, 2001 and will be used for the purpose of the CARE Fee Assistance program administration; contacting you to provide feedback during participation in the program; and periodic mailings pertaining to CARE and registered programs. Your information may also be used for evaluation and research purposes for the program.

Questions about this collection should be directed to:  
Business Support Coordinator,  
Town of Newmarket,  
Recreation & Culture Dept.,  
395 Mulock Dr., P.O. Box 328, STN Main,  
Newmarket ON L3Y 4X7

Tel: 905-953-5300 Ext. 2612

or

E-mail: [care@newmarket.ca](mailto:care@newmarket.ca)

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### FOR OFFICE USE ONLY

**Canada Customs and Revenue Agency (CRA) Notice of Assessment form (T451, line 236)**

(M/D/Y) \_\_\_/\_\_\_/\_\_\_\_ Staff Signature \_\_\_\_\_

**Canada Child Tax Benefit Notice (M/D/Y) \_\_\_/\_\_\_/\_\_\_\_** Staff Signature \_\_\_\_\_

**Harmonized Sales Tax (GST/HST) Credit Notice (M/D/Y) \_\_\_/\_\_\_/\_\_\_\_** Staff Signature \_\_\_\_\_