

**TOWNSHIP OF WILMOT  
RECREATION AND CULTURAL FINANCIAL ASSISTANCE**

**PURPOSE:**

The purpose of this policy is to ensure that residents and ratepayers with low incomes will have access to recreational and cultural services within the municipality.

**INTRODUCTION:**

A family who is in need of the financial assistance will contact the organization in charge of the program in which their child(ren) wish to participate.

The organization will sponsor the application and the family will submit the required application and documentation to the Township Treasurer. If necessary, the organization must set up a meeting with the Treasurer to discuss the application.

After approval of the request payment will be made directly to the organization on behalf of the participant.

**CRITERIA:**

1. To qualify for assistance or subsidization the applicant under 14 years of age (proof of age required) and have been a resident of the municipality for a period of not less than six months.
2. Only programs offered in the Township of Wilmot will be eligible for assistance or subsidy.
3. Participants will be limited to two activities per calendar year and a maximum of \$150.00 per participant per calendar year.
4. The maximum amount available per family will be \$300.00 in one calendar year.
5. The funding to be used on a first come first served basis to a maximum of \$2,500.00 per annum.
6. The amount of assistance will be based on total family income criteria as follows:

# of persons	100%	75%	50%	25%
1 persons	under 18,893	18,893 – 19,830	19,830 – 20,836	20,836 – 21,881
2 persons	under 25,672	25,672 – 26,954	26,954 – 28,302	28,302 – 29,716
3 persons	under 32,090	32,090 – 33,693	33,693 – 37,145	37,145 – 39,005
4 persons	under 37,424	37,424 – 39,295	39,295 – 41,259	41,259 – 43,323
5 persons	under 40,883	40,883 – 43,753	43,753 – 45,076	45,076 – 47,327
6 persons	under 44,344	44,344 – 46,563	46,563 – 48,892	48,892 – 51,337

The following information must accompany the application:

- a) T4 slips
- b) Previous year's income tax return
- c) Paycheque stub

**ALL INFORMATION SUBMITTED TO THE TREASURER WILL BE KEPT CONFIDENTIAL AS PER THE REQUIREMENTS OF THE FREEDOM INFORMATION AND PROTECTION TO PRIVACY ACT, R.S.O. 1990.**

**TOWNSHIP OF WILMOT**  
**REQUEST FOR FINANCIAL ASSISTANCE**  
**(Recreation and Cultural Program)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Telephone Numbers:** \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_

**Participant's Date of Birth:** \_\_\_\_\_

**Program Requested:** \_\_\_\_\_ **Cost of Program:** \_\_\_\_\_

**Contact:** \_\_\_\_\_

\_\_\_\_\_

**No. of People in the immediate family:** \_\_\_\_\_

**Total annual income (net) FROM ALL SOURCES:** \_\_\_\_\_  
(including child tax credit, child support, alimony,  
disability benefits, investment/interest income)

**Spouse's total annual income (net) FROM ALL SOURCES:** \_\_\_\_\_

**TOTAL FAMILY ANNUAL (NET) INCOME:** \_\_\_\_\_

Please attached proof of income such as T4 slips, pay cheque stub or letter from employer to this application.

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

For Office Use Only

Date Received:

Program Enrolled:

Approved by:

Amount Paid:

Personal information collected in this application is in accordance with the Municipal Freedom of Information and Protection to Privacy Act and will be used for the sole purpose of determining eligibility for program assistance. Questions concerning this application should be directed to the Treasurer at 634-8444.

March 2010