



City of Belleville Recreation, Culture & Community Services Fee Assistance Application

Main Contact:

Last Name		First Name	
Street Name and Number			Apartment/Unit
City	Postal Code	Date of Birth	
E-Mail Address		Male____ Female____	
Home Phone	Cell Phone	Business Phone	

Please list the family members who reside at the Main Contact Household:

Last Name	First Name	Date Of Birth D/M/Y	Male__ Female__
Last Name	First Name	Date Of Birth D/M/Y	Male__ Female__
Last Name	First Name	Date Of Birth D/M/Y	Male__ Female__
Last Name	First Name	Date Of Birth D/M/Y	Male__ Female__
Last Name	First Name	Date Of Birth D/M/Y	Male__ Female__

Combined After Tax Household Income (all members over 18 years of age) _____

NOTE: This form must be signed by all adult members of the household

I/We, the undersigned, certify that the information in this application is true and complete to the best of my/our knowledge. I/We understand that any falsified information on this application can result in the termination of any/all financial assistance through this program.

Signature of Main Contact _____ Date _____

Signature(s) of All Additional Family Members over 18 years of age

_____ Date _____

_____ Date _____

Please call 613-966-4632 to make an appointment for your application meeting. Please bring along required documentation. Office Location: Quinte Sports & Wellness Centre: 265 Cannifton Rd., Belleville

FOR OFFICE USE ONLY

Recreation subsidy approved: YES NO Level of Subsidy: 75% 50% 25%
Date Approved _____ Program Supervisor _____