

**CITY OF ST. JOHN'S  
COMMUNITY SERVICES DEPARTMENT- RECREATION DIVISION**

**ADULT PROGRAM SUBSIDY APPLICATION**

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The City of St. John's, Recreation Division offers programs and services to encourage a healthy and active lifestyle. We believe all citizens have the right to become educated about the concept of leisure and to participate in recreational programs and services of their choice. The use of leisure time is recognized as being an important and integral part of the quality of life for all people. (policy statement 09-11-01)

**GUIDELINES TO APPLY FOR SUBSIDY**

1. The Adult Program Subsidy is for St. John's residents who are over 18 years of age. Residents 18 and under may apply for financial assistance through the REAL program.
2. Proof of residency must be provided to qualify for Adult Program Subsidy. This can be in the form of a driver's license or a utility bill.
3. Proof of income for applicant required. Notice of Assessment preferred (line 150). Contact 576-4450 for other acceptable statements of income.
4. An adult can access one activity each season. City Guides are released seasonally (Fall, Winter/Spring, Summer) or visit the website [www.stjohns.ca](http://www.stjohns.ca).
5. Applications are accepted on an ongoing basis and are considered based on program availability.
6. Applications may be approved for full or partial subsidy based on need.
7. Applicants will be notified once the application is processed. Please allow 7-10 business days upon receipt of application.
8. Applicants that have questions or require assistance in completing this application should contact the Lead Staff of Inclusive Services at 576-4450 or email [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca).

Completed applications may be mailed or faxed:

Mail:

Inclusion Services  
Recreation Division  
City of St. John's  
P.O. Box 908  
St. John's, NL  
A1C 5M2

Email: [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)

Fax: 576-2308

Telephone: 576-4450



PLEASE PRINT

Date Received:

Department of Community Services/Recreation

### Adult Program Subsidy Application

PERSONAL INFORMATION (All information provided in this application will be kept confidential)

SECTION 1

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Business: \_\_\_\_\_

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

Please list any medical issues relevant to participation (i.e. Allergies, Epilepsy, Heart Condition, Disability): \_\_\_\_\_

PROGRAM PREFERENCE

SECTION 2

Please refer to the City Guide or online at [www.stjohns.ca](http://www.stjohns.ca) for program options, locations, and times

**Choice #1**

Program: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Choice #2**

Program: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Would you consider yourself:  Beginner  Experienced  Advanced

Proof of Residency Attached?  Yes  No

FINANCIAL VERIFICATION (Please report all income for the applicant)

SECTION 3

Annual Income : \_\_\_\_\_ Line 150 of your Canada Revenue Notice of Assessment

**TIPS:**

- To obtain your most recent Canada Revenue Agency Notice of Assessment call: 1-800-959-8281 or log into My Account: <http://www.cra-arc.gc.ca/myaccount/>
- If you cannot access your Notice of Assessment please provide an alternate Proof of Income such as Cheque/Payroll Stubs, Income Support Statement, Pension Statement/Stub or Other Applicable Verification of Income.

I verify that all information within and accompanying this application is true and complete to the best of my knowledge and any misrepresentations **may** result in a termination of financial assistance for the current and future applications.

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

If this form has been completed by someone other than the applicant, please complete the information below.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell/Business: \_\_\_\_\_

Please mail completed form to:

Inclusive Services  
Recreation Division  
City of St. John's  
P.O. Box 908  
St. John's NL A1C 5M2

Email: [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)  
Fax: 709-576-2308  
Telephone: 709-576-4450



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