

# 2018 Municipal Fee Assistance Program

## “My Kingston” Information and Instructions

### How do I apply?

#### Step 1: Complete Application

Complete this application (please print) and ensure it is signed by all adult members (over the age of 18) of the family wishing to participate in the program. Note: Children under the age of 18 living with a parent cannot apply as individuals.

#### Step 2: Qualification Process

The My Kingston Program is only available to current City of Kingston residents.

Applications are reviewed in person on a first come first service basis, by a staff member of Housing and Social Services. Visit 362 Montreal Street between 9:00 a.m.– 4:00 p.m. Monday to Friday (Tuesday till 5 p.m.) Please call 613-546-2695, extension 4906 for more information.

#### Step 3: Required Documents

**If the address on this application does not match the address on the income document then please bring additional address verification such as your lease or rent receipt.**

Ensure you bring all the required documentation when you come to the office including this application and one of the following documents that indicate your family income.

Note: Recent landed immigrants (less than one calendar year) are not required to bring income verification to their first appointment.

If you are a single / couple with no dependents you can use:

- Ontario Works Statement of Assistance
- Ontario Disabilities Support Program Statement of Assistance
- Personal Income Tax Notice(s) of Assessment from Canada Revenue Agency (NOA)

If you have dependents you can use the:

- Canada Child Benefit (CCB) and Ontario Child Benefit Notice (OCB)

#### Step 4: Qualification Confirmation

Staff will confirm whether you qualify for the program and explain how to access the various components of the program. You will receive a "My Kingston" card for every approved member of your household. This card confirms that your household has been deemed financially eligible for the various MFAP components for 2018.

Currently, these are the programs which are part of “My Kingston”:

- Transit
- Recreation
- Transit Employment Program
- Grand Theatre
- Responsible Pet Ownership
- Extended Health Benefits Program

You may qualify for some or all of these programs depending on your situation. Availability of each program varies with each participating department and additional qualifications may exist. Some programs are limited by available funding.

Please keep your “My Kingston” cards safe as you will be required to show them to access subsidized programs and services. If your card is lost or misplaced prior to your expiry date, you may need to go through the qualifying process again regardless of length of time since you last applied.

### What are the income limits for the program?

The total net household income must be below these income limits which are the after-tax Low Income Cut-Off (LICO) amounts defined by Statistics Canada annually:

|                            |          |                    |          |
|----------------------------|----------|--------------------|----------|
| 1 person household         | \$17,485 | 2 people household | \$21,281 |
| 3 people household         | \$26,499 | 4 people household | \$33,060 |
| 5 people household         | \$37,646 | 6 people household | \$41,750 |
| 7 or more people household | \$45,854 |                    |          |

### How long am I eligible for the program?

Eligibility for all MFAP components is valid for 12 months from the approved application date on your My Kingston card.

# 2018 Municipal Fee Assistance Program "My Kingston" Application

## Main Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Address (Street Number and Name): \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please list all family members (spouse and dependent children) who live in your household. Note any other adults in the home, including children over the age of eighteen who are not dependents, should complete their own application if they want to access the program.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Month, Day, Year) \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth (Month, Day, Year): \_\_\_\_\_

I / We agree to being contacted by email / post mail to provide feedback or receive further information during participation in the fee assistance program.

**City of Kingston's Privacy Statement:** Personal information, as identified by the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA) including name, address, telephone number, date of birth and electronic email address is collected under the authority of the Municipal Act, 2001 and in accordance with MFIPPA and all other legislation. Your personal information will be used in the administration of "My Kingston" programs by the City of Kingston and third party administering partners, as well as for the evaluation and the periodic mailings pertaining to the program. Questions about the collection, use and disclosure of this personal information may be directed to the Municipal Fee Assistance Program, Housing and Social Services, City of Kingston, 362 Montreal Street, Kingston, Ontario K7K 3H5.

I / We, the undersigned, certify the information in this application is, to the best of my / our knowledge, true, correct and complete. I / We understand that any falsified statements on this application can result in the termination of any / all financial assistance through this program. I / We have read the City of Kingston's Privacy Statement and understand how my/our personal information will be used.

Signature (Applicant): \_\_\_\_\_

Spouse (if applicable): \_\_\_\_\_ Date (Month, Day, Year): \_\_\_\_\_

**Office Use Only:** Staff Member: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_

Date of Initial App: \_\_\_\_\_ Replacement Card(s) (use original dates): \_\_\_\_\_

# of cards issued: \_\_\_\_\_

**Requested Programs (circle):** Recreation / Transit / Pets / Employment Transit # / EHBP

Pet Voucher #: \_\_\_\_\_ Species: \_\_\_\_\_ Date Issued: \_\_\_\_\_