

2020 Municipal Fee Assistance Program "My Kingston" Application

Main Contact

Last Name: _____ First Name: _____

Street Name/Number _____ Apt# _____

City _____ Postal Code _____ Phone Number: _____

Date of Birth (Month, Day, Year): _____

Email Address: _____

Please list all family members (spouse and dependent children) who live in your household applying for My Kingston Cards. 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: _____

MFAP start (M/D/Y) _____ MFAP expiry (M/D/Y) _____ # of cards issued _____

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

Pet Voucher #: _____ Species: _____ Date Issued: _____

2020 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 until 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 verification 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 verifies your family income based on your income situation.

- Recent landed immigrants who have not filed taxes yet are not required to bring income verification to their first appointment, but must provide proof of landing date.
- If you and your family are in receipt of OW or ODSP you will need your statement of assistance that has all family members listed.
 - If you are single/couple and have any other income type you must provide:
 - Personal Income Tax Notice(s) of Assessment(s) from Canada Revenue Agency (NOA) (line 236)
 - If you have dependents you must provide the following, as the NOA does not list children:
 - Canada Child Benefit (CCB) and Ontario Child Benefit Notice (OCB)

Step 4: Eligibility Confirmation

Staff will confirm whether you are eligible 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 benefits for the next 24 months.

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

- Transit
- Recreation
- Transit Employment Program
- Grand Theatre
- Responsible Pet Ownership
- MyKingston Health Benefits (excludes OW/ODSP recipients)

Applicants 65+
Acceptance of the MyKingston Health Benefits may impact your eligibility for the new Ontario Seniors Dental Care 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, return to 362 Montreal St to advise staff your card has been lost or destroyed to receive a replacement.

What are the income limits for the program?

The total net household income must be below these income limits which are the Low Income Measure (LIM +15%) after tax amounts, defined by Statistics Canada annually.

Household Size	Max income		Household Size	Max Income	Confirmed Income <small>(for office use only)</small>
<input type="checkbox"/> 1 person	\$27,040		<input type="checkbox"/> 2 people	\$38,240	
<input type="checkbox"/> 3 people	\$46,835		<input type="checkbox"/> 4 people	\$54,080	
<input type="checkbox"/> 5 people	\$60,464		<input type="checkbox"/> 6 people	\$66,234	
<input type="checkbox"/> 7 people	\$71,542		<input type="checkbox"/> 8 people	\$76,481	
<input type="checkbox"/> 9 people	\$81,120		<input type="checkbox"/> 10 people	\$85,508	