

FAIR TRANSIT PROGRAM APPLICATION FORM

The purpose of this application form is to assess the eligibility of your household to receive discounts on Innisfil Transit fares. Only Innisfil residents in households below the "Low Income Cut-Off" established by Statistics Canada or currently receiving Ontario Works or Ontario Disability Support Program payments will be eligible.

If eligible for the Fair Transit program, you will also be automatically approved for the [Town's Fee Assistance in Recreation](#) program where you may receive up to 25% off of a program registration fee to a maximum of \$200 per year/ per participant. This assistance will only apply to Town of Innisfil programs and shinny/ skating passes.

Would you also like to participate in the Fee Assistance in Recreation program (Y/N)?

SECTION 1: APPLICANT INFORMATION

Who is applying? Yourself only Yourself and your spouse/partner/other dependents

Full Name:

Last	First	Middle
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Gender: Male Female Other **Phone Number
(For Uber
account):**

Date of Birth: _____ **Email:** _____

Address:

Street Address	Apartment Unit #
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City	Province	Postal Code
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Proof of Residence Photocopy of license Photocopy of recent utility bill
(Please attach one of the following) Municipal tax bill Other:

Marital Status: Married/ Common Law Single Separated/ Divorced

Employer:

Name	Address
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Please check if you are receiving Ontario Works or Ontario Disability Support Program benefits and provide documentation as requested in Section 4.

Ontario Works
 Ontario Disability Support Program

SECTION 2: SPOUSE/ PARTNER INFORMATION

Full Name:

Last	First	Middle
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Gender: Male Female Other **Phone Number
(For Uber
account):**

Date of Birth: _____ **Email:** _____

Address:

Street Address	Apartment Unit #
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City	Province	Postal Code
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Employer:

Name	Address
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SECTION 3: OTHERS IN HOUSEHOLD (*must be living at same address, include phone number for those with an Uber account)

First Name	Last Name	Age	Phone Number on Uber Account (if 13 years of age or older)

SECTION 4: INCOME/ELIGIBILITY (Please attach)

Circle your family size. Family size includes you, your spouse or partner and dependents under 18 living in your home.

To be eligible, your income (after tax) must be less than the amount shown in the Statistics Canada Low-Income Cut-Off table.

Please provide the following with your completed application.

Statistics Canada Low-Income Cut-Off

Family Size	Income (after tax)
1	\$17,536
2	\$21,344
3	\$26,577
4	\$33,157
5	\$37,757
6	\$41,874
7+	\$45,989

1. Copy of last year's Notice of Assessment for yourself and/or your spouse/partner and/or dependents aged 18+ as it relates to the General Income Tax Form (3 page document you receive from the Canada Revenue Agency after filing your personal income tax return). Call 1-800-959-8281 if you have lost your copy and need a replacement; or
2. Monthly benefits statement for OW or ODSP payments; and
3. Include a copy of your most recent Child Tax Benefit or HST Notice (pages 1 and 2) for all dependants listed in Section 3.

Forward your completed application and all required documentation to: **Planning Services, 2101 Innisfil Beach Road, Innisfil ON, L9S 1A1** or by email to transit@innisfil.ca.

Upon receiving this application, the Town will make best efforts to provide a written response to the Applicant within 5 business days. In assessing the application, the Town may contact the Applicant for further information.

Personal information collected on this form is pursuant to the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, Chapter M.56, as amended, and will be used to process your application. Information may also be used for administration and to ensure compliance with the Fair Transit Program or Fee Assistance in Recreation Program. Information may be disclosed to Uber for the purpose of implementing the program, if approved. Questions about this collection should be directed to: Clerk's Office, Town of Innisfil, 2101 Innisfil Beach Road, Innisfil ON, L9S 1A1, 705-436-3710.

SECTION 5: APPLICATION SIGNATURES

By signing this application, the Applicant declares that all information provided is true to the best of their knowledge. The Applicant further acknowledges that providing any false information on this form may result in the request being denied.

Signature of Applicant Date

Signature of Spouse/ Partner Date

For office use only

Approved by:
Town Staff Signature:
Date: