

**CITY OF ST. JOHN'S  
DEPARTMENT OF COMMUNITY SERVICES**

**ADULT PROGRAM SUBSIDY**

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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**

- 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.
- Proof of residency must be provided to qualify for Adult Program Subsidy. This can be a driver's license or a utility bill.
- Proof of income for family required. Notice of Assessment preferred (line 150). Contact 709-576-4556 for other acceptable statements of income.
- An adult can access one activity each season. City Guides are release seasonally (Fall, Winter/Spring, Summer) or visit the website [www.stjohns.ca](http://www.stjohns.ca)
- Applications are accepted on an ongoing basis and are considered based on program availability.
- Applications may be approved for full or partial subsidy based on need.
- Applicants will be notified once the application is processed. Please allow 7-10 business days upon receipt of application.
- Applicants that have questions or require assistance in completing this application contact 709-576-4556 or email [inclusion@stjohns.ca](mailto:inclusion@stjohns.ca)

Drop Off Location: HGR Mews Community Centre  
60 Blackler Avenue

Paul Reynolds Community Centre  
35 Carrick Drive

	<b>CS – Adult Program Subsidy Application</b>	<b>Community Services</b>
	<b>Adult Program Subsidy Application</b>	

  

Information	SECTION 1
<p>Name _____ Date of Birth (YYYY/MM/DD) _____</p> <p>Address _____ City _____ Postal Code _____</p> <p>Home Phone _____ Cell _____ Email _____</p> <p>Emergency Contact</p> <p>Name _____ Relationship _____ Phone _____</p> <p>Please list any medical issues relevant to participation (i.e. Allergies, Epilepsy, Heart Condition, Disability) _____</p>	

  

Program Preference	SECTION 3
<p>Please refer to the City Guide or online at <a href="http://www.stjohns.ca">www.stjohns.ca</a> for program options, locations, and times.</p> <p><b>Choice # 1</b></p> <p>Program _____ Location _____</p> <p>Date _____ Time _____</p> <p><b>Choice # 2</b></p> <p>Program _____ Location _____</p> <p>Date _____ Time _____</p> <p>Would you consider yourself:      Beginner      Experienced      Advanced</p> <p>Proof of Residency Attached?      Yes      No</p>	

  

Financial Verification	SECTION 4
<p>Annual income of applicant _____ and (spouse/partner) _____</p> <p>Line 150 of your Canada Revenue Notice of Assessment.</p> <p>Tips: To obtain you most recent Canada Revenue Agency Notice of Assessment call 1-800-959-8281 or log into My Account at <a href="https://www.canada.ca/en/revenue-agency/services/e-services/cra-login-services.html">https://www.canada.ca/en/revenue-agency/services/e-services/cra-login-services.html</a>. 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.</p>	

<b>CS – Adult Program Subsidy Application</b>		<b>Community Services</b>
Financial Verification continued		<b>SECTION 4</b>
<p>I verify that all information within and accompanying this application is true and complete to the best of my knowledge and any misrepresentation may result in a termination of financial assistance for the current and future applications.</p> <p>Signature _____ Date _____</p> <p>If this form has been completed by someone other than the applicant, please complete the information below.</p> <p>Name _____ Relationship _____</p> <p>Address _____ City _____ Postal Code _____</p> <p>Home Phone _____ Cell/Business _____</p>		
Privacy Notice		<b>SECTION 5</b>
<p>Collection of personal information via this form is authorized under the Access to Information and Protection of Privacy Act, 2015 and is needed to process this application. Questions about the collection and use of the information may be directed to Manager of Healthy City &amp; Inclusion by emailing <a href="mailto:inclusion@stjohns.ca">inclusion@stjohns.ca</a></p>		
Please send completed form:	Healthy City & Inclusion P.O. Box 908, 10 New Gower Street St. John's, NL A1C 5M2	For further information: Phone: 709 576 4556 Email: <a href="mailto:inclusion@stjohns.ca">inclusion@stjohns.ca</a>