

INSTRUCTIONS FOR P2P SUBMISSION:

1. RMHA receives limited funding to be used for this subsidy. The earlier you apply the better your chances are of receiving this assistance.
2. Each application must be complete or it will be rejected.
3. Each application must include a copy of your most recent CCTB / NCBS or NOA (Notice of Assessment). The date should be **calendar 2023**. If you have not yet rec'd your 2023 form you must request a copy and make a note on the application that it will be sent later. **NO APPLICATION CAN BE PROCESSED UNTIL THE CORRECT FORM IS SUBMITTED.**
4. Co-payment of **\$260** cash or credit card included with form.
 - a) If paying by credit card please provide the following information:
 - i. Name on card _____
 - ii. Card number _____
 - iii. Expiry date _____
 - iv. Security code on the back _____
 - b) If paying by cash contact the Registrar to arrange payment (5192597447 or amschofield22@gmail.com)

2023 Low Income Cut-Off (LICO) Amounts

SIZE OF FAMILY UNIT	MAXIMUM FAMILY INCOME LEVEL
1 PERSON	\$25,303
2 PERSONS	\$31,498
3 PERSONS	\$38,723
4 PERSONS	\$47,016
5 PERSONS	\$53,323
6 PERSONS	\$60,142
7 PERSONS	\$66,958

NOTE: Families applying for P2P funding must review the table below. If your maximum income exceeds the level in this chart you cannot be approved for P2P funding and must find an alternate subsidy.

NOTE: If you are a new member to RMHA *and* have played hockey elsewhere, you must also complete the New Player Registration form. There will be a delay to processing your registration due to OMHA rules for new members.

OFFICE USE ONLY:

Rec'd by: _____

Rec'd on: _____



2024-25 RMHA PATHWAY TO POTENTIAL APPLICATION FORM



Name of NCBS Parent or Guardian: _____

PLAYER'S Name: _____

ONE form per child

Birth Date (dd/mm/yy): ____ / ____ / ____

Gender: Male Female Age: ____

Address: _____

City: _____ Province: _____

Postal Code: _____ Telephone: (_____) _____

Email: _____

Please indicate that the following have been included with this application:

- Copy of most recent CCTB (child tax benefit) and OCB (Ontario child benefit) notice
- Copy of child's birth certificate if new member

I certify that all the information given is correct.

Signature Parent of Guardian: _____

Date: _____

Submit by mail to Registrar, 367 Betty Dr; Windsor ON; N8S3W9

You may also scan / email the documents to registrar@riversideminorhockey.ca

OFFICE USE ONLY:

Rec'd by: _____

Rec'd on: _____