

All information provided will be held in the strictest confidence. Upon confirmation of income, all copies of documents will be destroyed. Please complete this application in ink and print all responses.

Personal Information

Main Contact _____
first name last name

Mailing Address _____
 town/city postal code

Phone _____
home cell

Date of Birth _____ Gender male female
month/day/year

How many people are in your household? _____ adults(s) _____ children
Please do not include roommates or other non-immediate family members.

Please state your total household income per year for **all adults** included on this application. \$ _____
Please refer to the household income requirements (page 2 of the information package) to determine if you are eligible for the program.

Required Documentation

Income Verification

Income verification is for yourself and immediate, adult family members. Children over 19 years old, grandparents or other extended family members must complete their own application.

Please check the appropriate box to identify the documentation you are providing for proof of household income. Documentation must be provided for each adult. Photocopies are accepted.

- Alberta Child Health Benefits Program approval letter
- Current Alberta Health Benefits Program card
- Current Assured Income for the Severely Handicapped (AISH) statement
- Notice of Assessment
If you do not have a copy of your Notice of Assessment you can obtain one by calling the Canada Revenue Agency at 1.800.959.8281. You will have to wait for it to be mailed to you.

Residency Verification

The program is only available to qualifying City of Leduc and Leduc County residents. You must provide a copy of one of the following items that includes the applicant's name and current address.

Please check the appropriate box for the item you have included with your application. Photocopies are accepted:

- Notice of Assessment (will have your address on it)
- Bank statement
- Municipal tax notice with current address and/or legal land description
- Recent utility bill

Application Checklist

- I have completed this entire application and filled in blanks on both sides of the page. yes no
- I have only included immediate family members in this application. yes no
- I have included a photocopy of one of the required Income Verification documents. yes no
- I have included a photocopy of one of the required Residency Verification documents. yes no
- I understand this program and believe that my application is complete and meets this program's qualifications. yes no

Please fill in all of the information below for every family member included on your application.

Main Contact

_____ first name _____ last name _____ date of birth mm/dd/yy
 male female
 signature _____

Applicant 2

_____ first name _____ last name _____ date of birth mm/dd/yy
 male female
 signature _____

Applicant 3

_____ first name _____ last name _____ date of birth mm/dd/yy
 male female
 signature _____

Applicant 4

_____ first name _____ last name _____ date of birth mm/dd/yy
 male female
 signature _____

Applicant 5

_____ first name _____ last name _____ date of birth mm/dd/yy
 male female
 signature _____

Applicant 6

_____ first name _____ last name _____ date of birth mm/dd/yy
 male female
 signature _____

Applicant 7

_____ first name _____ last name _____ date of birth mm/dd/yy
 male female
 signature _____

Office Use Only
 Please do not write in this section.

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The personal information on this form is being collected for the purpose of determining subsidy rates for Recreation Assistance Program, under the Authority of FOIP Act 33c. Should you have any questions regarding the information collected on this form you may contact the City Clerk at City of Leduc, #1 Alexandra Park, Leduc, AB, T9E 4C4, ph: 780.980.7177.