

**RECREATION FEE  
ASSISTANCE PROGRAM  
APPLICATION FORM**



Date: \_\_\_\_\_

**PERSONAL INFORMATION - Primary Applicant  
(Please Print)**

Name *(first)* \_\_\_\_\_ *(last)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone *(home)* \_\_\_\_\_

*(work/cell)* \_\_\_\_\_

Email \_\_\_\_\_

**REQUIRED DOCUMENTS**

- Completed and signed application form
- Proof of enrollment, including payment in a recreation program or activity at an eligible facility
- Confirmation of qualifications / eligibility

**VERIFICATON OF QUALIFICATIONS**

**A. I am a resident of Brazeau County and have proof:**

- Government Issued Letter of Notice
- Current bill from a utility provider showing legal land description  
(eg. home phone, gas, cable, water, energy provider)

**B. I have provided proof of qualifications: *(applicants must show one of the following to be eligible)***

- I am on AISH - please provide a current Medical Service Card
- I am on Income Support - please provide Direct Deposit Statement
- I am a Refugee - please provide copies of Refugee Protection Claimant document
- I am currently on EI - please provide Direct Deposit Statement
- I have a recent pay stub or Tax Notice of Assessment showing income below the Low Income Cut Offs

Brazeau County reserves the right to refuse access to these funds to anyone who provides false information. In the event that any false information is discovered after an application has been approved will result in no further applications from that applicant being accepted.

Please list yourself (*primary applicant*) and any others who will be part of this application:

NAME	BIRTHDATE (dd/mm/yy)	PROGRAM/SERVICE REQUESTED	RELATIONSHIP TO PRIMARY APPLICANT

You may qualify through your current Canada Revenue Agency "Notice of Assessment".

ADULT NAME	RECORD AMOUNT FROM LINE 236 OF NOTICE OF ASSESSMENT
<b>TOTAL:</b>	

Number of people in the household dependent on the income: \_\_\_\_\_

How did you hear about the REC Fee Assistance Program?

Internet  
  Brochures  
  Facility Staff  
  Used the program before  
  Word of Mouth

Referral Agency: \_\_\_\_\_

Other: \_\_\_\_\_

*I hereby certify that the information in this application is true, correct and complete in every respect. I have fully disclosed my family's income from all sources. Further, I agree to inform the Community Services Department of changes in the information given. I understand that failure to do so could result in loss of this and future subsidy. I understand that this application is valid for the current year and future subsidy requests will require a re-application. Brazeau County may verify any information on this application. I understand that I will not be receiving the eligible funding until 45 days after the commencement of the program.*

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

The personal information provided will be used to process this Application with Brazeau County and is collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy (FOIP) Act*. The information collected on this form will only be used for the provision of the program you have applied for. If you have any questions about the collection and use of this information, please contact the Brazeau County FOIP Coordinator at (780) 542-7777, Box 77 – 7401 Twp Rd 494, Drayton Valley, Alberta, T7A 1R1.

**All completed applications are to be in a sealed envelope and dropped off at the Brazeau County Office, located at 7401 TWP RD 494:  
Attention: Community Services or**

**Mailed To:  
Attention: Community Services, Box 77, Drayton Valley, AB T7A 1R1  
or**

**Emailed to: [communityservices@brazeau.ab.ca](mailto:communityservices@brazeau.ab.ca)**

**For Office Use Only:**

Confirmed with recreation facility

Not Approved

Approved

Notice of Assessment copied and sent to Finance

Date: \_\_\_\_\_

Staff Name (print) \_\_\_\_\_ Signature \_\_\_\_\_