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
	TOTAL:

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 being collected on this Recreation Fee Assistance Program form will be used for the purpose of the Recreation Fee Assistance Program and evaluation. This collection is authorized by Section 4(c) of the Protection of Privacy Act (POPA).

If you have any questions about the collection of this information, please contact Brazeau County's Access & Privacy Information Officer at 780-542-7777 or by email at awatt@brazeau.ab.ca.

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

For Office Use Only:

☐ Confirmed with recreation facility

☐ Not Approved ☐ Approved ☐ Notice of Assessment copied and sent to Finance

Date: _____

Staff Name (*print*) _____ Signature _____