

# Leisure Access Program Application Form



Please complete this application form **BOTH PAGES**, attach the required documents, and send to:

## Leisure Access Program

14<sup>th</sup> Floor CN Tower, 10004 104 Avenue  
PO Box 2359  
Edmonton, AB T5J 2R7

## Hours for the Leisure Access Office:

(Monday - Friday except holidays, from 8:30 - 4:30)

You can also drop off your application at any City of Edmonton Leisure Centre and it will be forwarded to the Leisure Access Program office. Incomplete applications will be returned to you with instructions as to what is missing. Every application is important to us and will be processed in the order received to ensure fairness to all. The current processing time is 3-4 weeks from the date received at the Leisure Access Program office, which may change based on the volume of mail received. **Faxed applications will not be accepted.** If you have questions or require additional information, please visit [www.edmonton.ca/lap](http://www.edmonton.ca/lap) or call **780-496-4918**.

### MAIN APPLICANT INFORMATION - USE LEGAL NAMES (PLEASE PRINT CLEARLY)

First Name		Middle Name		Last Name	
Address (PO Boxes will NOT be accepted)					
City <b>Edmonton</b>		Postal Code	Home Phone		Alternate Phone <input type="checkbox"/> Cell <input type="checkbox"/> Work
Date of Birth MM	DD	YYYY	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Living as a Couple <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Partner Living Apart *	

\* If your spouse/partner does not live with you, please provide a brief explanation: \_\_\_\_\_

### ADDITIONAL FAMILY INFORMATION - USE LEGAL NAMES

Must **ONLY** include your partner (if they live with you), and your children under 19 years old. If you are a legal guardian to someone else's children, proper documentation must be provided in order to include them. All other household members need to apply separately.

	FIRST NAME	MIDDLE NAME (S)	LAST NAME	RELATIONSHIP TO APPLICANT	GENDER	DATE OF BIRTH MM/DD/YYYY
2					<input type="checkbox"/> M <input type="checkbox"/> F	
3					<input type="checkbox"/> M <input type="checkbox"/> F	
4					<input type="checkbox"/> M <input type="checkbox"/> F	
5					<input type="checkbox"/> M <input type="checkbox"/> F	
6					<input type="checkbox"/> M <input type="checkbox"/> F	
7					<input type="checkbox"/> M <input type="checkbox"/> F	

### SCHOOL STATUS

Are you or any members of your household (listed above) full-time students at **ONLY** the three schools listed below? Yes  No

University of Alberta  NAIT  Grant MacEwan University

STUDENT NAME(S) \_\_\_\_\_

### FOR OFFICE USE ONLY

Approved  Student  Letter Sent

Over LICO  \$ \_\_\_\_\_

ENTERED BY: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_

## SECTION ONE: REQUIRED VERIFICATION DOCUMENTS

Please check which of the following applies to you. If more than one applies, select the first that applies to you.

**I am on AISH/Income Support**

Please provide a copy of your current paper Alberta Health Benefit Card.

**I am on AISH/Income Support and have a Treaty Status Card**

Please provide copies of your voided Alberta Health Benefit Card, your Client Reporting Card **AND** your Treaty Status Card.

**I have a plastic Health Benefits Card**

Please provide a copy of your Health Benefits Card **AND** a copy of your renewal letter with expiry date. If you do not have the letter, please contact 780-427-6848 to request a copy.

**My household income is under the amounts listed below**

Please provide a copy of last year's Income Tax Notice of Assessment (NOA) for you **AND** your partner. If you do not have a copy of your NOA, please obtain a copy by calling the Canada Revenue Agency at 1-800-959-8281 or visit [www.cra.gc.ca/myaccount](http://www.cra.gc.ca/myaccount).

**We do not accept any other documentation for proof of income.**

Add the total incomes from line 150 of last year's NOA for you and your partner (if applicable) only. You are eligible if your household income comes to or is less than these amounts.

2010 Low-Income Cutoff Numbers	1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 + PERSONS
	\$22,637	\$28,182	\$34,646	\$42,065	\$47,710	\$53,808	\$59,907

**I am a new Immigrant or a Refugee** *(To qualify, you must not have been eligible to file taxes for the previous year AND you must have been in Canada less than one year)*

Please provide a copy of: the front AND back of EACH family member's Permanent Resident Card **OR** a copy of your family Confirmation of Permanent Residence paper (must be clear) **OR** a copy of your Refugee Protection Claimant document.

**Children Under Government Care**

Please provide a copy of the Delegation of Powers form, Alberta Child Treatment Services Card, **OR** Medical Services Card.

## SECTION TWO: PROOF OF EDMONTON RESIDENCY

Please provide **ONE** of the following documents you are using to verify your current Edmonton address. We will accept the document in either your or your partner's name. We will not accept driver's licenses, documents with a PO Box address or tenancy agreements.

One of the documents from SECTION ONE **IF** it has the correct address

Current bill from a utility company such as a phone, gas, cable or energy provider

Bank or Credit Card Statement

*Address Verification Form* or letter on letterhead verifying your address provided by the Trustee, Group Home Agency, or Guardian

Government issued letter or notice

**PLEASE NOTE:** The name and address on the address verification document **MUST MATCH** the name & address you have provided on the application form

## SIGNATURE

**Freedom of Information and Protection of Privacy** - The personal information collected on this Leisure Access Application Form is being collected under authority of section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act. Your personal information will be used to determine eligibility for the Leisure Access program, program administration and evaluation. Your personal information will be protected in accordance with the privacy provisions of the FOIP Act. If you have any questions about the collection or use of your personal information, please contact the program coordinator at 780-496-4918.

**The Criminal Code of Canada s.s. 380 (1)** - states that everyone who by deceit, falsehood, or other fraudulent means defrauds the public of any property, money or valuable security, is guilty of an offence. If there is sufficient evidence to suspect that fraud, or an offence has been committed, the matter may be referred to the police for investigation.

I certify that I am a current resident of Edmonton and that the information I have provided is accurate. I am aware that if any information I have provided is fraudulent, I may be subject to my membership(s) being withdrawn.

\_\_\_\_\_  
MAIN APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)