

Leisure Access Program Application/Renewal Form

Please complete this application form **BOTH PAGES/SIDES**, attach the required documents, sign the second page, and send to:

Leisure Access Program

PO Box 2359
14th Floor CN Tower, 10004 104 Avenue NW
Edmonton, AB T5J 2R7

Hours for the Leisure Access Office:

Monday – Friday 8:30am-4:30pm Closed Holidays
Phone Inquiries: 311 Email: lap@edmonton.ca

We do not accept applications by email or fax

Applications may also be dropped off at any City of Edmonton Leisure Centre to be forwarded to the Leisure Access Program office. Incomplete applications will be returned to you with instructions regarding what is missing and will delay the processing of your application. Applications usually take 4-6 weeks to process, but processing times change based on the volume of applications received and the time of year. Every application is important to us and will be processed in the order received to ensure fairness to all. Additional information can be found at www.edmonton.ca/lap or by calling 311.

Please print clearly using CAPITAL LETTERS

MAIN APPLICANT INFORMATION – USE LEGAL NAMES: PREFERRED NAME MAY BE ADDED IN BRACKETS

First Name (Given Name)		Middle Name		Last Name (Surname or Family Name)	
Current PHYSICAL Address (MUST match the address verification document)			City Edmonton	Postal Code	Main Phone Number:
Mailing Address (If different from the above address)			City	Postal Code	Application Status <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Adding a Member
Date of Birth Month Day Year		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Living as a Couple <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Partner Living Apart *		Barcode Number (If renewing)

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

E-mail – please provide your e-mail address if we can communicate via e-mail regarding your application: _____

ADDITIONAL FAMILY MEMBERS – USE LEGAL NAMES: PREFERRED NAME MAY BE ADDED IN BRACKETS

NEW: PROVIDE A COPY OF CHILD TAX BENEFIT NOTICE TO VERIFY CHILDREN UNDER 18

MUST include your partner, and your children **under 18 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 must apply on a separate application form.

	FIRST NAME	MIDDLE NAME(S)	LAST NAME	RELATIONSHIP TO APPLICANT (spouse, son, daughter)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	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			

CURRENT POST-SECONDARY SCHOOL STATUS (MANDATORY)

Are any family members (listed above) in a **full-time program** at either: ☐ University of Alberta ☐ NAIT or ☐ Grant MacEwan

☐ YES ☐ NO

STUDENT NAME(S)

FOR OFFICE USE ONLY

- | | |
|--|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not-Approved |
| <input type="checkbox"/> AISH | <input type="checkbox"/> Over LICO \$ _____ |
| <input type="checkbox"/> NOA Year: _____ | <input type="checkbox"/> Student |
| <input type="checkbox"/> PR Date: _____ | <input type="checkbox"/> Out of Town |
| <input type="checkbox"/> CUGC | <input type="checkbox"/> Other _____ |

ENTERED BY: _____

EXPIRY DATE: _____

SECTION ONE: INCOME VERIFICATION DOCUMENTS

PLEASE PROVIDE **ONE** OF THE FOLLOWING SETS OF DOCUMENTS TO VERIFY YOUR INCOME:

- ☐ **I am providing my (and my partner's) Income Tax Notice of Assessment (NOA) to verify my/our income is under the listed amounts**

Please provide your 2015 Income Tax Notice of Assessment (NOA) showing Line 150 for both you and your partner (if applicable). If you do not have a copy of your NOA, please contact Canada Revenue Agency at 1-800-959-8281 to request a copy. Only the NOA showing Line 150 will be accepted to verify your household income is at or below the Low Income Cut-Off Numbers.

2015 Low Income Cut-Off Numbers	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 + persons
	\$24,600	\$30,625	\$37,650	\$45,712	\$51,846	\$58,473	\$65,101

- ☐ **I am on AISH and I have a Monthly Paper Alberta Health Benefits Card (AHB/AISH Card)**

Please provide a current copy (this month or last month) of your entire paper AHB/AISH Card (with budget info, names and expiry date).

- ☐ **I am a new Immigrant (arrived within the last year), I was not eligible to file taxes for the previous year, and I have a Confirmation of Permanent Residence (PR) Document or a Refugee Protection Document**

You are confirming you were not eligible to file income tax for the previous year, AND you have been in Canada for less than one (1) year, AND you can submit one of the following documents that is dated less than one year from today's date: Confirmation of Permanent Residence listing each family member OR Refugee Protection Claimant Document listing each family member. If either you or your partner have been in Canada for one (1) year or longer, you must include the 2015 Tax Notice of Assessment for that individual.

- ☐ **I am a Child Under Government Care that is UNDER the age of 18**

If you have a child under government care that is UNDER 18, please provide a copy of the Delegation of Powers and Duties to a Child Caregiver. Individuals 18 years old and over must apply for the program as an adult.

SECTION TWO: PROOF OF EDMONTON RESIDENCY

PLEASE PROVIDE **ONE** OF THE FOLLOWING DOCUMENTS TO VERIFY YOUR CURRENT **PHYSICAL** EDMONTON ADDRESS (**NOT A P.O. BOX**). The document may be in either your or your partner's name and must be dated **less than 1 year old**. We cannot accept identification cards, driver's licenses, or tenancy agreements. The name and address must match those on the application form and must be the current physical Edmonton address. If you require an Address Verification Form, email lap@edmonton.ca or visit edmonton.ca/lap to obtain a copy.

- ☐ If your document from SECTION ONE has your name and current physical address, please provide that page
- ☐ Current bill from a utility company such as a phone, gas, cable or energy provider
- ☐ Bank or Credit Card Statement or printout from bank with a dated bank stamp
- ☐ Address Verification Form/letter on letterhead from Trustee, Group Home or Guardian, with current physical address
- ☐ Government issued letter or notice with a date

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 call 311.

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 further investigation.

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

X

MAIN APPLICANT'S SIGNATURE
(or Care Person if applicant is unable to sign)

DATE (MONTH/DAY/YEAR)