



Leisure Access Program Application and Renewal Form

Please complete BOTH SIDES of this application form, include supporting documentation, and deliver by:

MAIL Leisure Access Program
PO Box 2359
19th Floor, Edmonton Tower
Edmonton, AB T5J 0J4

IN PERSON DROP Edmonton Service Centre
OFF & INQUIRES Monday – Friday 8:30am - 4:30pm
Closed Weekends and Holidays
We do not accept applications by email or fax

PHONE 311

EMAIL INQUIRES lap@edmonton.ca

Applications may also be dropped off at **any City of Edmonton Recreation Centre or Attraction**. Incomplete applications will be returned to you with instructions regarding what is missing and will delay the processing of your application. Applications usually take 2 - 3 weeks to process 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.

Please print clearly using **CAPITAL LETTERS**. Use legal names; preferred may be added in brackets.

MAIN APPLICANT INFORMATION

First Name (Given Name)			Middle Name		Last Name (Surname or Family Name)		
Current Physical Address (Must match address verification document)			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		Sex	Marital Status			Barcode Number (If Renewing)	
Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced	<input type="checkbox"/> Living as a Couple <input type="checkbox"/> Partner Living Apart **	<input type="checkbox"/> Widowed	<input type="checkbox"/> Married
Email Address (please print clearly)							
**If your spouse/partner does not live with you, please provide a brief explanation							

ADDITIONAL FAMILY MEMBERS

MUST include your partner and your eligible dependants (**children 17 years of age or younger**). If you are a legal guardian to someone else's children that are 17 years of age or younger, select Delegation of Powers must be provided in order to include them. **Any children 18 years of age or older MUST submit their own application and supporting documents**. Please see second page for verification documents for applying on behalf of children under 17 years of age or younger.

	FIRST NAME	MIDDLE NAME(S)	LAST NAME	Relationship to Applicant (Spouse, Son, Daughter)	Sex	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			

Are you or anyone in your household enrolled in post secondary (Must select Yes or No)? Yes No

Please check the applicable school enrolled in (if other, please indicate): University of Alberta NAIT Grant MacEwan

Please list their names (and school, if other):

Not-Approved

FOR OFFICE USE ONLY

Approved

Out of Town

Other _____

APPROVED BY:

EXPIRY DATE:

AISH: _____

CUGC

Student

ENTERED BY:

NOA Year: _____

PR Date: _____

Over LICO \$ _____

QUALIFYING CRITERIA - INCOME VERIFICATION

Please check off and provide one of the following to verify your income criteria:

2016 Notice of Assessment (both yours and your spouse's/partner's)

Please provide your 2016 Notice of Assessment (NOA) from Canadian Revenue Agency (CRA) showing Line 150 for both you and your spouse/partner (if applicable). The document will require to be both page 1 & 2, your name, tax year and refund amount. If you do not have a copy of your NOA, please visit www.cra.gc.ca/myaccount to register/sign on and access your NOA. Only the NOA showing Line 150 will be accepted to verify your household income is at or below the Low Income Cut-Off Numbers.

2016 Low Income Cut-Off Numbers	1 Person	2 Person	3 person	4 Person	5 Person	6 Person	7 Person
	\$24,949	\$31,061	\$38,185	\$46,362	\$52,583	\$59,304	\$66,027

Household is defined as one person who is 18 years of age or older, their spouse/partner and their eligible dependant children that are 17 years or younger

If you have eligible dependants (children 17 years or younger) you must provide your 2016 Canada Child Benefit (CCB) or select Delegation of Powers documentation, both listing all children you are applying for. Documentation needs to show your's or your spouse/partner's information.

AISH Alberta Health Benefits Card (AISH ONLY)

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

If you have a spouse/partner and dependant children 17 years or younger, they must be included on your AISH Card. Any household family not included will not qualify under this criteria without their own AISH card.

Confirmation of Permanent Residence (PR) or Refugee Protection Documents

You are confirming that 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 above documents that is dated less than one year from today's date.

Each household family member will require their own Confirmation of Permanent Residence or be listed on the Refugee Protection Document. Any household family that do not have those documents will be unable to qualify under this criteria without their own documents.

Children Under Government Care

If you are applying on behalf of a child 17 years of age or younger who is in government care, please provide one of the following: Documents must be dated less than three (3) months old.

- Delegation of Powers, Duties to a Child Caregiver (Please be prepared if requested to provide more documentation)
- Letter from a designated Youth Organization on appropriate letterhead listing worker contact name, phone number and dated.

QUALIFYING CRITERIA - ADDRESS VERIFICATION

Please check off and provide one of the following to verify your address criteria:

Documents must be dated **less than three (3) months** 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. **Addresses with a PO BOX will NOT be accepted.**

- Notice of Assessment that lists your current address, as meeting the above criteria, and your name
- Current bill from a utility company such as a phone, gas, cable or energy provider
- Address Verification Form or letter on letterhead from Trustee, Group Home or Guardian, listing current physical address
- Government issued (Federal or Provincial) letter or notice

SIGNATURE

I certify that I am a current resident of Edmonton, and that the information I have provided is accurate and complete. As the main applicant, it is my responsibility to inform all members of my household about the program (and conditions of use). I give the City of Edmonton permission to verify that the information provided is true for the purpose of assessing this application. I am aware that if any information I have provided is fraudulent, I may be subject to termination from the program and other actions as listed under the Criminal Code of Canada (s.s. 381[1])

X _____ DATE (MONTH/DAY/YEAR)

MAIN CONTACT/GUARDIAN 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 the eligibility, administration and evaluation of the Leisure Access Programs as well as for contact purposes regarding other programs or services that you may be qualified for. 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 780-496-4918.