

APPLICATION FORM

MAIN APPLICANT

First Name(s):		Middle Name:	Last Name:
Current Physical Address:		Postal Code:	Main Phone Number:
Email Address:		Gender (optional): <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY):
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Married / Common-law* <input type="checkbox"/> Widowed		Type of Application: <input type="checkbox"/> Renewal <input type="checkbox"/> New <input type="checkbox"/> Adding Members	Barcode (if Applicable):

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

Are you or anyone listed under Additional Family Members CURRENTLY enrolled full time in a post secondary school?

No Yes; Please select school: University of Alberta NAIT MacEwan Norquest Other:

Are you or anyone listed under Additional Family Members a Disabled Adult Transit Service (DATS) client?

No Yes; please list Client Number(s): _____

Are you or anyone listed under Additional Family Members a Canadian National Institute for the Blind (CNIB) cardholder?

No Yes; please list who: _____

ADDITIONAL FAMILY MEMBERS

FIRST NAME	LAST NAME	SCHOOL NAME Post Secondary or Grade	RELATION TO APPLICANT	GENDER Optional	DATE OF BIRTH MM/DD/YYYY

INCOME, ADDRESS & ELIGIBLE DEPENDANTS QUALIFICATIONS

Please list below the documents you are providing (see the included *Income Verification Information* insert ensure correct documents are being included):

Income Verification:

Address Verification:

Eligible Dependents Verification:

CONSENT

- I am the main applicant and it is my responsibility to inform all members of my household about the program and conditions of use. If any members have a current paid membership it will be their responsibility to withdraw/cancel it.
- The information I have provided in this application is true and complete.
- I give the City of Edmonton my permission to check the information within this application for the purpose of assessing my application.
- If anyone in my household has a change of address, income, or school status, I will notify the program administration immediately.
- I understand misuse of the program privileges or misinformation provided on this application may result in a loss of privilege or penalty.
- If a spouse/common law partner was listed on this application I confirm that I have reviewed the terms and conditions with this individual and they have also agreed to these terms and conditions. If I am the guardian of the main applicant and signing on their behalf, then I will ensure to complete and include a Release of Information and Responsibility Form.
- I acknowledge that the postal code and date of birth for all dependents aged 17 and under on this application will be provided to the Canadian Tire Jumpstart Charity for the purpose of monitoring the amount of subsidy being provided to each child as part of the City of Edmonton and Canadian Tire Jumpstart Charity funding agreement.

MAIN APPLICANT/GUARDIAN SIGNATURE

DATE (MONTH/DAY/YEAR)

Freedom of Information and Protection of Privacy (FOIP) Statement: This personal information is being collected under the authority of section 33(c) of the FOIP Act and will be used to administer program registrations, membership management and pass sales for the City of Edmonton. Aggregate data will be used for program planning and evaluation. Postal code and date of birth data for dependants aged 17 years of age and younger will be provided aggregated to Canadian Tire Jumpstart Charity for the purpose of monitoring subsidy amounts being provided as part of the funding agreement. Approved applications with supporting documentation will be destroyed 30 days from approval date. Declined applications with supporting documentation will be destroyed 90 days after the notification is sent to the applicant. For questions about the collection, use or disclosure of your personal information please contact (780)496-4918 or visit 2nd Floor, Edmonton Tower, 10111-104 Ave Edmonton.

Ride Transit Conditional Approval

Photo ID Provided (Yes/No):

Approved By:

Date:

For Admin Office Use Only

NOA:

Interim Pass Issued: Yes No

LAP Annual

Ride Basic

AISH #:

Approved By:

LAP +

Ride +

PR/Refugee:

Entered By:

LAP Monthly

Ride Lite

CUGC

Income Support

Expire Date:

Not Approved - LAP Not Approved - Ride

EI

CPP

Over Income Threshold:

Student

Out of Town

Senior/Child

CNIBCard

