

# Community Services Fee Assistance Program Application Form

APPLICANT INFORMATION			
Please print your (primary applicant) name, ad and contact information:	dress Date:		
First Name	Last Name		
Address	I		
Town	Postal Code		
Email Address	<b>I</b>		
Phone Number (Home)	Phone Number (Work)		

## HOUSEHOLD MEMBER INFORMATION

Please list yourself (primary applicant) and any others who will be part of this application:

Household Member			Notice of Assessment
Name	Birthdate (dd/mm/yy)	Relationship to Primary Applicant	Line 150

· -	11116/111611 116456	attach supporting documents		
	I am on AISH (T5007)			
	I am on Alberta Income Support (T5007)			
	I am on Guaranteed Income Supplement (T5007)			
	I hold Refugee Status			
	☐ My household income falls below the Low Income Cut-Off (LICO) measure			
Tota	l Household Income: –			
Num	ber of people in the ho	usehold dependent on this income:		
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 Community Services of changes in the information given. I understand that this application is valid for a maximum of twelve months and future subsidy requests will require a re-application. The Town of Edson may verify information on this application.				
Nam	e (please print):			
Signa	ature:		Date:	
PE	RSONAL INFORMATION	ON		
<i>Gove</i> desig	rnment Act Section 3(b) are specifically an of the program. All inform	ained on this form is collected under the nd will be used for the purpose of regist rmation is protected by the provisions o ). If you have any questions about this co	ration, administration, evaluation and f the <i>Freedom of Information and</i>	
<b>C</b> c 60 P0	own of Edson ommunity Services 05–50th Street O Box 6300 dson, AB T7E 1T7	Phone: 780-723-4403 www.edson.ca		
FO	R OFFICE USE ONLY			
П	Not Approved	Confirmation of Income:		
	Approved	□ Income Tax Assessment □ Health Benefits Card □ Direct Deposit Statement □ Guaranteed Income Suppler □ Adult/Child Benefit Card/Let □ Protected Person Status Doc □ Refugee Claimant Document	cter cument	
	Nama (print).	Signatura		

## **APPLICATION PROCESS**

#### WHAT IS LEISURE ASSIST?

The Town of Edson and Yellowhead County believe that recreational, cultural, and social experiences are essential to the well-being of residents and should be accessible and barrier-free to all. *Leisure Assist* offers eligible residents *\$150 per individual or up to \$450 per family* that can be applied towards registration fees for Town of Edson Community Development Programs and Leisure Centre Admissions and Programs. Participation in *Leisure Assist* is limited to the funding available and distributed on a first-come, first-serve basis.

#### WHO IS ELIBIGLE?

You automatically qualify for *Leisure Assist* if you are a resident of the Town of Edson or Yellowhead County and if one of the following applies to you:

- You are on AISH (Assured Income for the Severely Handicapped).
- You are on Alberta Income Support or another Alberta Works program.
- You are on Guaranteed Income Supplement:
- You have Refugee Status.

 Your income falls below Statistic Canada's Low Income Cut-Off.

Low-Income Cut-Off (LICO) Guidelines			
Family Size	Total family income must be below		
1 PERSON	\$20,848		
2 PERSONS	\$25,953		
3 PERSONS	\$31,906		
4 PERSONS	\$38,740		
5 PERSONS	\$43,938		
MORE THAN 5	\$49,555 Plus \$2,500 for each additional person		

<sup>\*</sup>The Town of Edson uses the Low Income Cut-Off (LICO) for populations less than 30,000 that is released annually by Statistics Canada to determine low income.

#### HOW DO I APPLY?

You can drop off a completed form to the Town of Edson Community Services (605-50th Street) along with proof of identification and any supporting documents OR email it to cserv@edson.ca

QUALIFICATION	REQUIRED DOCUMENTATION
Low income based on the Low Income Cut-Off (LICO) measure	A copy of your most recent Canada Revenue Agency Notice of Assessment
Assured Income for Severely Handicapped (AISH)	A copy of your Health Benefit Card or direct deposit statement or your annual T5007 form.
Alberta Income Support	A copy of your Health Benefit Card or direct deposit statement or your annual T5007 form.
Guaranteed Income Supplement	A copy of your Guaranteed Income Supplement Letter or a direct deposit statement.
Refugee Status	A copy of your Protected Person Status document. For Refugee Claimants, provide a copy of your Refugee Claimant document.

# **ELIGIBLE PROGRAMS & ACTIVITIES**

Once you have been approved for *Leisure Assist*, your *ActiveNet* account will be credited with \$150 per individual (up to \$450 per household) that can be applied to all Town of Edson Community Development Programs and Leisure Centre Admissions/Programs. Excluded from the programs are:

- Group Rentals
- Facility Rentals

#### **ELIGIBLE PROGRAMS & ACTIVITIES**

Please note the following:

- 1. All recipients of fee assistance must be a resident of the Town of Edson or Yellowhead County at the time of application.
- 2. Qualifying for fee assistance with the Town of Edson means you are eligible to access \$150/year and up to \$450/year per family to apply towards Town of Edson programs and activities.
- 3. Once your Assistance application is complete and you have the supportive documentation in place, please drop off your application with Community Services at the Town of Edson Civic Centre (605-50th Street). Please note that applications can take up to two weeks to process.
- 4. All applicants are required to reapply annually and to provide current documentation.
- 5. If you have been declined and your financial situation has changed, you are welcome to reapply. There is no waiting period required.
- 6. If the recipient does not attend registered courses or programs, future applications for assistance may be disqualified.