

Leisure Access Program Application 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
Office Phone: 780-496-4918 - General Questions: 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. Application 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 780-496-4918.

Please write clearly using CAPITAL LETTERS

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

First Name		Middle Name		Last 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		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"/> 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

Must ONLY 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)	GENDER <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

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

STUDENT NAME(S)

FOR OFFICE USE ONLY

- | | |
|---|---|
| <input type="checkbox"/> Approved | <input type="checkbox"/> Not-Approved |
| <input type="checkbox"/> AHB Card Paper Plastic | <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.
Note that we now require the Income Tax Notice Of Assessment with Health Benefit Cards.

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

Please provide your **original 2014 Tax Notice of Assessment** showing Line 150 for both you and your partner. If you do not have a copy of your NOA, please contact the Canada Revenue Agency at 1-800-959-8281 to request a copy. Only the NOA showing Line 150 will be accepted to determine your household income meets or is below the Low-Income Cutoff Numbers.

2014 Low-Income Cutoff Numbers	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 + persons
	\$24,328	\$30,286	\$37,234	\$45,206	\$51,272	\$57,826	\$64,381

I am applying with my and my partner's 2014 Income Tax Notice of Assessment (NOA) and have a Monthly Paper Alberta Health Benefits Card (AHB/AISH Card)

Please provide your **original Income Tax NOA** from 2014 as well as a current copy (this month or last month's) of your paper AHB/AISH Card.

I am applying with my and my partner's 2014 Income Tax Notice of Assessment (NOA) and have a Voided Monthly Paper Alberta Health Benefits Card (AHB Card)

Please provide your **original Income Tax NOA** from 2014 as well as a current copy (this month or last month's) of your voided AHB Card and your matching Deposit Stub.

I am applying with my and my partner's 2014 Income Tax Notice of Assessment (NOA) and have a plastic Alberta Works Health Benefits Card

Please provide your **original Income Tax NOA** from 2014 as well as the Alberta Works Renewal Letter (Alberta Works sends a letter each year to renew the plastic card) We require a copy of the renewal letter with a specific expiry date (cards provided during training do not qualify as verification documents for this program). If you do not have the letter, please contact Alberta Works to request a copy of the letter at 780-427-6848.

I am a new Immigrant and have a Confirmation of Permanent Residence 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: front and back of the PR cards for each family member, Confirmation of Permanent Residence listing each family member OR Refugee Protection Claimant Document listing each family member.

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. Individuals 18 years old and over are required to apply for the program as an adult.

SECTION TWO: PROOF OF EDMONTON RESIDENCY

Please provide **ONE** of the following requested documents to verify your current **physical** Edmonton address. 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 what is listed on the application form and **must** be the current physical Edmonton address. If you require an Address Verification Form be sent to you, call our office 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 with current physical address listed provided by the Trustee, Group Home or Guardian
- Government issued letter or notice

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 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.

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

DATE (MONTH/DAY/YEAR)