

All information provided is confidential. Upon confirmation of income and residency, all copies of documents will be destroyed or originals will be returned to the address below.

Please complete both sides of this application in ink and print all responses.

## Personal Information

Main Contact

first name

last name

Mailing Address

town/city

postal code

Phone

( )

( )

home

cell

E-mail

## Income Verification

**Option A: Automatic Income Qualifier (Documentation must be provided for each individual):**

- ☐ Current Alberta Health Benefits Program Recipient  
(verification letter/card must include end date)

**Option B: Should the applicant(s) not meet the criteria of Option A. (Documentation must be provided for each adult.)**

- ☐ Notice of Assessment from the most recent tax year for all adults in household.
- ☐ Two most recent pay stubs, current AISH Statement or current bank statement for all adults in the household.
- ☐ All Applicants are required to complete an Intake Appointment - please call 780-980-8489 to book.
- ☐ Intake Appointment booked for DATE : \_\_\_\_\_ Time: \_\_\_\_\_  
Location: Family & Community Support Services, Civic Centre, 1 Alexandra Park, Leduc

## Residency Verification

The program is only available to qualifying *City of Leduc and Rural Leduc County residents*. You must provide a copy of one of the following items that includes the applicant's name and current address.

Please check the appropriate box for the item you have included with your application.

- ☐ Notice of Assessment ☐ Recent bank statement ☐ Municipal tax notice with address and/or legal land description or utility bill
- ☐ Drivers License

## Request

The following are opportunities available through various City of Leduc support programs. Please check all of the boxes that you would like your family to be considered for with this application:

- ☐ **Facility Access** – funding towards the purchase of punch passes or memberships to the Leduc Recreation Centre.
- ☐ **City of Leduc Registered Programs** - funding to participate in one of the many registered program opportunities offered by the City of Leduc at the LRC or other locations. Including swimming, recreation, fitness, cooking and children's programs.
- ☐ **Community Registered Programs (sport)** – funding for children to participate in organized sports and recreation opportunities in the community. i.e. minor football / soccer / baseball / hockey / ringette / swim club / figure skating / dance, etc.
- ☐ **Community Registered Programs (culture)** – funding to participate in organized art or cultural program. i.e. community art / music / performance program, etc.
- ☐ **Other** (please explain) \_\_\_\_\_

### --- For Office Use Only ---

Intake meeting occurred on

Application has been

☐

approved

☐

declined

by

date

Information sent to applicant on

Please fill in all of the information below for every person included on your application.

### Main Contact

\_\_\_\_\_

first name

\_\_\_\_\_

last name

\_\_\_\_\_

date of birth mm/dd/yy

☐

male

☐

female

Please list any allergies or medical conditions that may affect your participation at our facility or in a program

☐ No known allergies or medical conditions.

### Applicant 2

\_\_\_\_\_

first name

\_\_\_\_\_

last name

\_\_\_\_\_

date of birth mm/dd/yy

☐

male

☐

female

Please list any allergies or medical conditions that may affect your participation at our facility or in a program

☐ No known allergies or medical conditions.

### Applicant 3

\_\_\_\_\_

first name

\_\_\_\_\_

last name

\_\_\_\_\_

date of birth mm/dd/yy

☐

male

☐

female

Please list any allergies or medical conditions that may affect your participation at our facility or in a program

☐ No known allergies or medical conditions.

### Applicant 4

\_\_\_\_\_

first name

\_\_\_\_\_

last name

\_\_\_\_\_

date of birth mm/dd/yy

☐

male

☐

female

Please list any allergies or medical conditions that may affect your participation at our facility or in a program

☐ No known allergies or medical conditions.

### Applicant 5

\_\_\_\_\_

first name

\_\_\_\_\_

last name

\_\_\_\_\_

date of birth mm/dd/yy

☐

male

☐

female

Please list any allergies or medical conditions that may affect your participation at our facility or in a program

☐ No known allergies or medical conditions.

### Applicant 6

\_\_\_\_\_

first name

\_\_\_\_\_

last name

\_\_\_\_\_

date of birth mm/dd/yy

☐

male

☐

female

Please list any allergies or medical conditions that may affect your participation at our facility or in a program

☐ No known allergies or medical conditions.

The personal information on this form is being collected for the purpose of determining subsidy rates for Recreation Assistance Program, under the Authority of FOIP Act 33c. Should you have any questions regarding the information collected on this form you may contact the City Clerk at City of Leduc, #1 Alexandra Park, Leduc, AB, T9E 4C4, ph: 780.980.7177.