

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.

- 1) Please complete both sides of this application in ink - please print your responses neatly.
- 2) Email the completed application and supporting documents to [fcss@leduc.ca](mailto:fcss@leduc.ca) or mail to: FCSS, Leduc Civic Ctr, #1 Alexandra Park, Leduc).

**Personal Information**

Main Contact \_\_\_\_\_  
first name last name

Mailing Address \_\_\_\_\_  
town/city postal code

Phone ( ) ( ) \_\_\_\_\_  
home cell

E-mail \_\_\_\_\_

**Income Verification for all adults in the home**  
 (applicants must supply ONE of the documents listed below)

How many adults (18 + years old) live in your household (and are part of your family unit): \_\_\_\_\_

- Notice of Assessment from the most recent tax year for **all adult family members in household**
- Two most recent pay stubs **for all adult family members in the household**
- current AISH or Income Support Statement **for all adult family members in your household**
- current bank statement for **all adult family members in the household**

**Residency Verification**

**The program is available to qualifying City of Leduc and Rural Leduc County residents only.** 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.

- Most Current Notice of Assessment
- Driver’s License
- Recent bank statement or utility bill
- Copy of Lease Agreement
- Municipal tax notice with address and/or legal land description

**Recreation Assistance Program Selection**

If your application is approved you will be required to select one of the following options for each applicant.

**Option A - Facility Access** (Free Annual Membership to the Leduc Recreation Centre and Outdoor Pool).

**Option B - Funding** (\$200 to use for the purchase of flex passes and/or registered program opportunities offered by the City of Leduc. (Including swimming, recreation, fitness, cooking and children’s programs).

**For Office Use Only**

**Meets Eligibly Requirements: Yes or No (circle one)**

Application received on \_\_\_\_\_

Application has been  approved  declined Approved by: \_\_\_\_\_

Comments: \_\_\_\_\_

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

**Main Contact**

\_\_\_\_\_  male  
 first name last name date of birth mm/dd/yy  female  
 non-binary

Please list any allergies or medical conditions that may affect your participation at our facility or in a program, or check the box below:

No known allergies or medical conditions.

**Please select One Option:**

- Option A: Annual Membership
- Option B: \$200 in funding

**Applicant 2**

\*\* Current Grade if applicable: \_\_\_\_\_

\_\_\_\_\_  male  
 first name last name date of birth mm/dd/yy  female  
 non-binary

Please list any allergies or medical conditions that may affect your participation at our facility or in a program, or check the box below:

No known allergies or medical conditions.

**Please select One Option:**

- Option A: Annual Membership
- Option B: \$200 in funding

**Applicant 3**

\*\* Current Grade if applicable: \_\_\_\_\_

\_\_\_\_\_  male  
 first name last name date of birth mm/dd/yy  female  
 non-binary

Please list any allergies or medical conditions that may affect your participation at our facility or in a program, or check the box below:

No known allergies or medical conditions.

**Please select One Option:**

- Option A: Annual Membership
- Option B: \$200 in funding

**Applicant 4**

\*\* Current Grade if applicable: \_\_\_\_\_

\_\_\_\_\_  male  
 first name last name date of birth mm/dd/yy  female  
 non-binary

Please list any allergies or medical conditions that may affect your participation at our facility or in a program, or check the box below:

No known allergies or medical conditions.

**Please select One Option:**

- Option A: Annual Membership
- Option B: \$200 in funding

**Applicant 5**

\*\* Current Grade if applicable: \_\_\_\_\_

\_\_\_\_\_  male  
 first name last name date of birth mm/dd/yy  female  
 non-binary

Please list any allergies or medical conditions that may affect your participation at our facility or in a program, or check the box below:

No known allergies or medical conditions.

**Please select One Option:**

- Option A: Annual Membership
- Option B: \$200 in funding

- I confirm I am aware of the program guidelines, including the deadline to use any funding I am approved for.
- I am aware if I do not use the approved funding within the deadline, I will forfeit the dollars.
- I confirm all of the information provided is correct to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_