

All information provided <u>is confidential</u>. 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 or mail to: FCSS, Leduc Civic Ctr, #1 Alexandra Park, Leduc).

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| Main Contact | | first name | | | lect name | | | |
| Mailing Address | | first name | | | | last nam | e | |
| J | , , | | | | tov | vn/city | postal code | |
| Phone | | home | | (|) | cell | | |
| -mail | | | | | | | | |
| ncome Verification | for all adults | in the home | | | | | | |
| pplicants must supply | | | pelow) | | | | | |
| low many adults (18 + yea | ars old) live in your h | ousehold (and are | part of you | r family unit |) : | | | |
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| Notice of AssessmentTwo most recent pay | | • | - | | nousenoid | | | |
| current AISH or Incom | | - | | | usehold | | | |
| current bank stateme | nt for all adult famil | y members in the | household | | | | | |
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| esidency Verificati | ion | | | | | | | |
| esidency verificati | IOH | | | | | | | |
| e program is availabl | | ty of Leduc and | Rural Ledi | uc County | residents | <i>only.</i> You mu | ust provide a copy of one | |
| | e to qualifying <i>Cit</i> | | | | | <i>only.</i> You mu | ust provide a copy of one | |
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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.



Please fill in all of the information below for each person included on your application. Main Contact ■ male female first name last name date of birth mm/dd/yy 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 ** Current Grade if applicable: **Applicant 2** male female date of birth mm/dd/yy first name last name 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 ** Current Grade if applicable: **Applicant 3** ■ male female date of birth mm/dd/yy first name last name 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 ** Current Grade if applicable: **Applicant 4** ■ male female last name date of birth mm/dd/vv first name 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 ** Current Grade if applicable: **Applicant 5** male female date of birth mm/dd/yy first name last name 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: |
|----------------------|-------|
| Applicant Signature. | Date: |