

EVERYONE PLAYS Access for Everyone CREATES RIDES

Application Form

CONTACT INFORMATION – Primary Applicant

Name of Applicant _____
first name last name

Address _____

Postal Code _____

Phone _____
home other

Email _____ **DOB** _____
mm/dd/yyyy

Gender Male Female Non-Binary

HOUSEHOLD INFORMATION – Additional Members

	First Name	Last Name	Relationship to applicant	Date of Birth mm/dd/yyyy	Gender
1					
2					
3					
4					
5					

RESIDENCY VERIFICATION

The Recreation Access Program is only available to qualifying **City of Fort Saskatchewan residents**. Please provide a copy of **one** of the following documents:

- Current utility bill such as gas, phone, electrical or water, or current signed lease or rental agreement
- Copy of a Government document with your name and address dated within the last 30 days

INCOME VERIFICATION

Please select one of the following that applies to you:

- Approved Government program – AISH, CPPD, FSCD or Income Support. Please provide a copy of the benefit statement.
- Combined household after tax income is at or under the amounts listed on the next page. Please provide a copy of Revenue Canada Income Tax Notice of Assessment.

Statistics Canada Low Income Thresholds (LICO - AT) 2020

Please circle one

Number in Household	1	2	3	4	5	6	7 or more
Income Under	\$ 24,041	\$ 29,262	\$36,435	\$45,514	\$51,763	\$57,407	\$ 63,051

Everyone Rides: Low-income transit discount

I am interested in the Transit subsidy option*

*Everyone Rides provides a 50% discount on **monthly local and commuter passes**. Approved applicants can purchase one discounted monthly pass each month from the Dow Centennial Centre or City Hall, during regular business hours.

CONSENT

I, _____ declare that:

(Applicant name, please print)

1. I am the main applicant and it is my responsibility to inform all members of my household about the program and conditions of use.
2. I give the City of Fort Saskatchewan my permission to verify the information within this application.
3. The City of Fort Saskatchewan may contact me for matters pertaining to this application.
4. The information I have provided is true.
5. Misuse of program privileges or misinformation provided on this application will result in a loss of privileges or penalty.

mm/dd/yyyy

Signature of applicant

Personal Information Declaration

This information has been collected in accordance with Section 33(c) of the *Freedom of Information and Protection of Privacy Act* (FOIP) for the purpose of evaluating eligibility and implementation of the City of Fort Saskatchewan’s Recreation Access Program. If you have concerns regarding the collection or use of your personal information, please contact the City’s FOIP Coordinator at 780.992.6236.

Once your application has been approved, you will be contacted to confirm what program or facility access you are requesting. The approval process may take up to 4 weeks.

FOR OFFICE USE ONLY		
Application Received _____ / _____ / _____ mm dd yyyy	Proof of residency provided	<input type="checkbox"/> YES
	Proof of income provided	<input type="checkbox"/> YES
Staff Signature _____		
Date Contacted _____ / _____ / _____ mm dd yyyy		