

EVERYONE PLAYS Access for Everyone CREATES RIDES

CONTACT INFORMATION – Primary Applicant

Name _____
First/Preferred name Last name

Address _____ Postal Code _____

Phone _____ DOB _____
mmm/dd/yyyy

Email _____

Gender Male Female Non-Binary

How did you hear about the program? _____

HOUSEHOLD INFORMATION – Additional Members

	First Name	Last Name	Relationship to applicant	Date of Birth mmm/dd/yyyy	Gender
1					
2					
3					
4					
5					
6					

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) 2025
Please circle one

Number in Household	1	2	3	4	5	6	7 or more
Income Under	\$ 26,426	\$32,899	\$40,994	\$50,063	\$56,905	\$63,276	\$69,647

Everyone Rides: Low Income Transit Discount

- I am interested in the Transit subsidy option
- I currently have an Arc card Arc Card Number _____

Everyone Rides provides a discount on **monthly local and commuter caps**. Approved applicants can load funds to their Arc Purse online anytime at myArc.ca, or at the Dow Centennial Centre or City Hall during regular business hours. Prices are subject to change.

CONSENT

I, _____ declare that:
(Applicant name, please print)

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

mmm/dd/yyyy

Signature of applicant

Personal Information Declaration

This personal information is being collected and used under the authority of Section 4(c) of the Protection of Privacy Act for the purpose of evaluating eligibility and implementation of the City of Fort Saskatchewan’s Recreation Access Program. If you have questions about the collection, contact the Access to Information Coordinator for the City of Fort Saskatchewan at 780-992-6200.

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 _____	Proof of residency provided	<input type="checkbox"/>	YES
mmm dd yyyy	Proof of income provided	<input type="checkbox"/>	YES
Staff Signature _____			
Date Contacted _____			
mmm dd yyyy			