

Making a false statement on this form to obtain benefits under this program, or failing to notify the County of a material change that impacts entitlement to benefits under this program is an offence under the Criminal Code of Canada that may be prosecuted and lead to penalties up to and including incarceration.

To ensure all sources of income are considered, print in the number of **adults in your household** with income from each of the following categories. This information will also be used to determine where future services should be provided.

Employed full-time	_____	AISH	_____
Employed part-time	_____	Income Support	_____
Unemployed	_____	Employment Insurance – EI	_____
Self-employed	_____	Child Support	_____
Pension	_____	Disability Benefits	_____
		Other Sources of income:	_____

Does one of the following net income statements listed below apply? No Yes
 In your total income ensure that you include child support if applicable.

- 1 person yes, net household income is less than \$2,740 per month (\$32,885 per year)
- 2 people yes, net household income is less than \$3,335 per month (\$40,024 per year)
- 3 people yes, net household income is less than \$4,153 per month (\$49,838 per year)
- 4 people yes, net household income is less than \$5,181 per month (\$62,177 per year)
- 5 people yes, net household income is less than \$5,900 per month (\$70,801 per year)
- 6 people yes, net household income is less than \$6,543 per month (\$78,520 per year)
- 7 or more people yes, net household income is less than \$7,186 per month (\$86,240 per year)

How many people living in this home (household) are supported by this income? _____

Is this the first time applying to the Subsidy Program? No Yes

If yes, how did you learn about the program? _____

I hereby verify with my signature that the information contained on this application is true and correct. I am aware that the Recreation Access Program (RAP) program cards and bus passes are non-replaceable if lost or stolen.

 Name (please print)

 Signature

 Date (dd/mm/yyyy)

Collection and use of personal information

Personal information is collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used to determine program planning, access, and eligibility for subsidies for qualifying Strathcona County programs. If you have any questions about the collection or use of this information, contact the Manager of Human Services & Innovation at 780-464-4044.

Office Use Only

Confirmation of income ► Income tax assessment pay stubs other _____

Eligible no yes ► complete back of form (Subsidy Program – Application Page 1)

Application received by _____ Staff referral (if applicable) _____

Based on the information provided to Family & Community Services, the following people qualify for the Subsidy Program:

Last Name _____ First Name _____
Print Print

Address _____
Street and Number City/Town Province Postal Code

Contact Phone Number _____ Email Address _____

Approved by FCS on _____ FCS staff initials _____
(dd/mm/yyyy)

Adults Participating Information

Last Name	First Name	Year of Birth (dd/mm/yyyy)	RAP Program Card Numbers	Is Transit Required? Y/N	Transit Expiry date (dd/mm/yyyy)	Standard or Mobility?

Seniors 65 and over participating

Last Name	First Name	Year of Birth (dd/mm/yyyy)	RAP Program Card Numbers	Is Transit Required? Y/N	Transit Expiry date (dd/mm/yyyy)	Standard or Mobility?

Children and youth participating

Last Name	First Name	Year of Birth (dd/mm/yyyy)	RAP Program Card Numbers	Is Transit Required? Y/N	Transit Expiry date (dd/mm/yyyy)	Standard or Mobility?