

Subsidy Program – Application

(Page 1 of 2)

Family and Community Services, #200, 401 Festival Lane, Sherwood Park, AB T8A 4X3

Phone 780-464-4044 Fax 780-449-1220

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 Suppo	ort	
Unemployed		Employment I	nsurance – El	
Self-employed		Child Support		
Pension		Disability Ben	efits	
		Other Sources	s of income:	<u> </u>
		net income statements listed below apply? e that you include child support if applicable	□ No □ Yes e.	
1 person		yes, net household income is less than \$2	2,740 per month (\$32,885	per year)
2 people		yes, net household income is less than \$3	3,335 per month (\$40,024	per year)
3 people		yes, net household income is less than \$4	I,153 per month (\$49,838	per year)
4 people		yes, net household income is less than \$5	5,181 per month (\$62,177	per year)
5 people		yes, net household income is less than \$5	5,900 per month (\$70,801	per year)
6 people		yes, net household income is less than \$6	3,543 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)
ls this the first time a	applyir	this home (household) are supported by the g to the Subsidy Program?	⁄es	
	my sig	bout the program?nature that the information contained on this Program (RAP) program cards and bus p		
Name (please print)		Signature		Date (dd/mm/yyyy)
planning, access, and eli	ollected gibility f	I information under the authority of section 4(c) of the Protection or subsidies for qualifying Strathcona County program tact the Manager, Human Services & Innovation, Fami	s. If you have questions regardin	g the collection, use, or
Office Use Only				
Confirmation of income	► <u></u> In	come tax assessment		
Eligible 🗌 no 🔲 yes	▶ com	plete back of form (Subsidy Program – Application Pa	ige 1)	
Application received by		Staff referral (if appl	icable)	



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