

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** 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	_____	Child Support	_____
Employed part-time	_____	Employment Insurance – EI	_____
Unemployed	_____	Student – living independently	_____
Self-employed	_____	Retired	_____
Gov't Assistance – AISH	_____	Gov't Assistance – other	_____
Gov't Assistance – SFI	_____	Student Loans	_____
Gov't Assistance – Pension	_____	Gov't Assistance – CPP Dis	_____

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 \$1,825 per month (\$21,899 per year)
- 2 people yes, net household income is less than \$2,221 per month (\$26,653 per year)
- 3 people yes, net household income is less than \$2,766 per month (\$33,189 per year)
- 4 people yes, net household income is less than \$3,451 per month (\$41,406 per year)
- 5 people yes, net household income is less than \$3,929 per month (\$47,148 per year)
- 6 people yes, net household income is less than \$4,357 per month (\$52,289 per year)
- 7 or more people yes, net household income is less than \$4,786 per month (\$57,429 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 (yyyy-mm-dd)

Collection and use of personal information

Personal information is being collected under the authority of s. 33 (c) of the *Freedom of Information and Protection of Privacy Act* and will be used by Family and Community Services to determine eligibility for reduced fees for qualifying Strathcona County programs including recreation and transit programs. Based on approved eligibility, this information will be shared with Recreation, Parks and Culture, as well as Strathcona County Transit. If you have any questions about the collection, use or disclosure of this information, contact the Manager of Human Services & Innovation, Strathcona County 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) _____

Subsidy Program – Application

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 _____

Yes, I would like more information and resource materials on Strathcona County programs as they become available.

Please select how you would like to receive the information and resource material. Mail or Email

Please activate your Millennium Card within 30 days from this date _____ FCS staff initials _____
(yyyy-mm-dd)

Adults Participating Information

Last Name	First Name	Year of Birth (yyyy)	Millennium Card Issued (yyyy-dd-mm)	Transit Card Number

Seniors 65 and over participating

Last Name	First Name	Year of Birth (yyyy)	Millennium Card Issued (yyyy-dd-mm)	Transit Card Number

Children and youth participating

Last Name	First Name	Date of Birth (yyyy-dd-mm)	Millennium Card Issued (yyyy-dd-mm)	Transit Card Number