



The Recreation Assistance Program provides free Annual Membership to the Leduc Recreation Centre to residents that meet the program eligibility guidelines. For questions about the program, application form, or the status of your application, please call 780-980-7109.

All information provided on this application is confidential. Please complete the full application, incomplete application forms cannot be processed. Completed application forms and supporting documents can be emailed to fcss@leduc.ca or mailed/delivered to Family & Community Support Services, Leduc Civic Centre, #1 Alexandra Park, Leduc T9E 4C4

Application Date: \_\_\_\_\_

MAIN APPLICANT INFORMATION			
First Name		Last Name	
Marial Status	<input type="checkbox"/> Single <input type="checkbox"/> Common Law <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Other _____		
Physical Address			
Mailing Address <i>If different the above</i>			
Phone Number:		Email Address:	

Total number of adults (18 + years old) living in your household (and are part of your family unit): \_\_\_\_\_

Total number of family members living in your household (and part of your family unit): \_\_\_\_\_

*\*\*For the purposes of assessment, a household is defined as up to 2 total adult spouses/partners, and their legal dependants aged 17 and younger (dependants who are over the age of 17 will need to submit a separate application form with eligibility documents in their own name). Anyone living within the same home as your family who does not fall under these parameters will not count towards your eligible household members and must apply independently/with their own household.*

*\*\*\*Dependent Exception: if you have a dependent that is 18 years old and still in high school, they may be included on your application form.*

**RESIDENCY VERIFICATION**

- 1.  Lives within the City of Leduc
- 2.  Lives within RURAL Leduc County

Please check the appropriate box for the supporting document you are providing, and attach a copy (mandatory)

- Current Lease Agreement    Valid Driver's License or AB ID Card    Current Utility Bill showing physical address
- Municipal Tax Notice with address    Other \_\_\_\_\_

**HOUSEHOLD INCOME VERIFICATION**  
(Applicants must supply the most current tax year Notice of Assessment for ALL Adults in the household.)

- Notice of Assessment from the most recent tax year for all adult family members in household (MANDATORY)**  
We calculate total household income by adding the total income (Line 15000) for all adults in your household, from the most current year's Notice of Assessments (NOA). You are eligible if your total household income is equal to or less than the amounts listed in our eligibility guidelines.

If you do not have a copy of your Notice of Assessment, please call the CRA at 1-800-959-8281 to request a copy.

The only EXCEPTIONS to supplying a Notice of Assessment are as follows.

Please check the appropriate box and attach copies of supporting documentation.

- You are a new Permanent Resident, who arrived in Canada within the last year, so have not yet filed a tax return.
- You are a Refugee, with a protection claimant document that was issued within the last year.
- You Arrived through the Canada-Ukraine Authorization for Emergency Travel program within the last year.

**APPLICANTS – all applicants must live at the same address as the Main Contact listed on page one**

First Name	Last Name	Relation to Main Applicant	Date of Birth (DD-MM-YY)	Citizenship	Major Allergies or Medical Conditions
		MAIN APPLICANT			

**Comments or additional information:**

The personal information on this form is being collected for the purpose of determining eligibility for the City of Leduc, Recreation Assistance Program, under the authority of FOIP Act 33c. Should you have any questions regarding the information collected on this form you may contact the City Clerk at City of Leduc, 1 Alexandra Park, Leduc, AB T9E 4C4, phone 780-980-7177.

**FOR OFFICE USE ONLY** **MEETS Eligibility Requirements: YES or NO (circle one)**

**Supporting Documents Confirmed by:** \_\_\_\_\_ \_\_\_\_\_  
Staff member Date

**Total combined income verified from line 15000 (Gross Income) of most current Notice of Assessment(s):**  
 Main Applicant: \_\_\_\_\_  
 Spouse/partner/Other: \_\_\_\_\_

**Total Combined Household Income:** \_\_\_\_\_

**Accepted without NOA?**  Yes  No  
**Reason for Exception:**  Fleeing Abuse  Does not qualify for our Tax Program  Other:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_