

**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 \$2,470 per month (\$29,641 per year)
- 2 people  yes, net household income is less than \$3,006 per month (\$36,075 per year)
- 3 people  yes, net household income is less than \$3,743 per month (\$44,922 per year)
- 4 people  yes, net household income is less than \$4,670 per month (\$56,044 per year)
- 5 people  yes, net household income is less than \$5,318 per month (\$63,817 per year)
- 6 people  yes, net household income is less than \$5,897 per month (\$70,775 per year)
- 7 or more people  yes, net household income is less than \$6,477 per month (\$77,732 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 collected under the authority of s. 33 (c) of the Freedom of Information and Protection of Privacy Act and will be used to determine 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 \_\_\_\_\_ Print First Name \_\_\_\_\_ 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

Approved by FCS on \_\_\_\_\_  
(dd/mm/yyyy)

FCS staff initials \_\_\_\_\_

**Adults Participating Information**

Last Name	First Name	Year of Birth (mm-yyyy)	RAP Program Card Numbers	Transit Card Number

**Seniors 65 and over participating**

Last Name	First Name	Year of Birth (mm-yyyy)	RAP Program Card Numbers	Transit Card Number

**Children and youth participating**

Last Name	First Name	Date of Birth (dd/mm/yyyy)	RAP Program Card Numbers	Transit Card Number