



Fair Access Fee Assistance Application Form



Section 1: Program(s) & Service(s)

The following are opportunities available through Lac La Biche County's Fair Access Fee Assistance program up to a maximum of \$250 per person per calendar year.

Please select those you are interested in applying for:

- ☐ Recreation All Access Pass (access to Bold Center, Portage Pool and Plamondon Arena)
- ☐ Recreation & Culture Programs
- ☐ Family Community Support Services (FCSS) Programs
- ☐ Community Access Bus Pass

Section 2: Applicant Information

First Name	Last Name	Gender	Date of Birth (dd/mm/yyyy)
Unit/Apt./Suite #	Mailing Address	Postal Code	
Home Phone #	Cell Phone #		
Email	Best way to contact you		
	<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> text		

Residency Verification

This program is only available to qualifying residents of Lac La Biche County. Please provide copy of one of the following items that includes applicant's name and current physical address. **if you cannot provide copies of any, please speak with a County representative for assistance.*

- ☐ Notice of Assessment
 ☐ Drivers' License
 ☐ Recent Bank Statement or Utility Bill
 ☐ Municipal Tax Notice

Family Information

List all ***family** members of your household in the space below. Include children under the age of 18 years.

***Family definition:** individuals, related by blood, marriage, or adoption or upon presentation of proof that an individual is legally considered to be part of their immediate family and resides within the same residence.

	First Name	Last Name	Relationship to Applicant	Date of Birth (dd/mm/yyyy)	Gender	Total Annual Income Before Tax*	Indicate Program/Service for each member if multiple being applied for from list in Section 1
1.						\$	
2.						\$	
3.						\$	
4.						\$	
5.						\$	
6.						\$	
7.						\$	
Add income of all family members					Total Income	\$	

**If submitting Canada Revenue Agency Notice of Assessment, copy amount shown on Line 150 for all family members 18 or older. If submitting a different document from the list of eligible documents leave income column blank.*



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Section 3: Income Verification

To be eligible, applicants must complete either A or B to verify your financial situation and attend a short intake appointment with Lac La Biche staff representatives to discuss program guidelines and opportunities.

A) Please attach photocopy of one (1) of the following Government Proof of Income documents:

- ☐ Alberta Works (Health Benefit, Income Subsidy/Support), include current benefits statement or letter
- ☐ AISH (card or statement)
- ☐ Notice of Assessment for most recent tax year (for each adult over 18 years living in the residence)

B) Referral Agency Endorsement

A Referral Agency acts as an objective third party who will endorse and vouch for the applicant's financial situation. The Referral Agency must have a recent professional relationship with and be familiar with the individual or family applying. A referral must come from one of the following:

- ☐ professional from a social agency/ social worker
- ☐ teacher, guidance counselor or principal
- ☐ police officer
- ☐ lawyer
- ☐ member of clergy (faith-based leader)

Referral Agency Contact: _____

Organization: _____

Position: _____

Length of time they have known applicant: _____

Phone Number: _____

Email: _____

Section 4: Consent Statement

I, _____ declare that:
Applicant Full Name (please print)

1. The information contained within my application is true and correct.
2. I give Lac La Biche County my permission to verify the information provided within this application.
3. It is my responsibility to inform all members of my family about the program and conditions of use.
4. Misuse of the program privileges or misinformation provided on this application may result in a loss of privileges or penalty.

Date (dd/mm/yyyy)

Applicant Signature

FREEDOM OF INFORMATION AND PROTECTION ACT

Lac La Biche County respects your privacy and is committed to the Protection of Personal Information from unauthorized collection, access, use and disclosure. The Personal Information provided on this application is collected pursuant to Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy (FOIP) Act* and will be used for the purpose of administering the Fair Access Fee Assistance Program. Upon confirmation of income and residency, all copies of documents will be destroyed, or originals returned to the applicant. Should you have any questions regarding the collection, use and disclosure of information submitted in this application, please contact the Manager, Legislative Services for Lac La Biche County at 780-623-1747.

For Office Use Only

Intake Appointment date: _____ (dd/mm/yyyy) and time: _____ am/pm

Application has been ☐ approved ☐ denied by _____ date _____ (dd/mm/yyyy)
LLBC staff representative name(s)

Applicant Follow Up Notes: