



# 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 (memberships or 10 passes to Bold Centre (includes Portage Pool) and North Country Co-op Arena)
- Recreation & Culture Programs
- Childminding services
- Community Access and/or Para-transit bus passes

### Section 2: Applicant Information

<b>First Name</b>	<b>Last Name</b>	<b>Gender</b>	<b>Date of Birth (dd/mm/yyyy)</b>
<b>Unit/Apt./Suite #</b>	<b>Mailing Address</b>	<b>Postal Code</b>	
<b>Home Phone #</b>	<b>Cell Phone #</b>		
<b>Email</b>			<b>Best way to contact you</b>
			<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.						\$	
<b>Add income of all family members</b>						<b>Total Income</b>	\$

*\*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

### PRIVACY STATEMENT

The personal information that you provide to Lac La Biche County is being collected under the authority of Alberta's Protection of Privacy Act (POPA), Section 4(c). The information will be used for the purpose of administering the Fair Access Fee Assistance Program. For questions about the collection, use and disclosure of personal information, please contact the Access to Information and Protection of Privacy Act Coordinator 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: