

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 (take home pay) statements apply? No Yes ► please check
(Include child support if applicable)

Net (take home) income

- 1 person yes, net household income is less than \$1,750 per month (\$20,998 per year)
- 2 people yes, net household income is less than \$2,130 per month (\$25,555 per year)
- 3 people yes, net household income is less than \$2,652 per month (\$31,822 per year)
- 4 people yes, net household income is less than \$3,308 per month (\$39,701 per year)
- 5 people yes, net household income is less than \$3,767 per month (\$45,207 per year)
- 6 people yes, net household income is less than \$4,178 per month (\$50,136 per year)
- 7 or more people yes, net household income is less than \$4,589 per month (\$55,065 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 ► how did you learn about the program? _____

I hereby verify with my signature that the information contained on this application is true and correct.

Signature

Date

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. Information may also be shared with community funding partner Canadian Tire Jumpstart Charities for the purposes described on page two of this form. If you have any questions about the collection, use or disclosure of this information, contact the Director of Family and Community Services, 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 2)

Application received by _____ Staff referral (if applicable) _____

Subsidy Program – Application

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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.

Based on the information provided to Family and Community Services, the following people qualify for the Subsidy Program.

Name _____

Address _____

Postal code _____

Phone number _____ Alternate phone number _____

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 address _____

Please activate your Millennium Card within 30 days from this date _____ FCS staff initials _____

Adults participating

Name	Year of birth	Millennium Card issue date	Transit Card Number

Seniors 65 and over participating

Name	Year of birth	Millennium Card issue date	Transit Card Number

Strathcona County is a community partner with the Canadian Tire Jumpstart Charities. In order to access funding through this program, we are required to share your child's name, address, date of birth, gender, and the activity they are registered in. This personal information is used for funding allocation and statistical purposes only; it will not be used for marketing without your prior consent. This personal information will become subject to the Canadian Tire Jumpstart Privacy Policy. Their privacy policy is available for viewing at <http://jumpstart.canadiantire.ca/en/privacy-policy>.

Parent or Guardian's initials _____

Children and youth participating

Name	Date of birth	Millennium Card issue date	Transit Card Number