

Recreation Fee Assistance – Application Information

The City of Brooks is committed to providing an opportunity for residents to have access to the City's recreational facilities in order to improve their health and well-being.

The Recreation Fee Assistance Program allows qualifying low-income families and individuals residing in the City of Brooks and County of Newell to access the recreational opportunities at the JBS Canada Centre and the Centennial Regional Arena.

What will approved applicants receive?

An Annual City of Brooks Recreation Services Membership for all individuals on the application. An individual can include their partner/spouse and any children they have that are under the age of 18. All other individuals in the household will have to apply separately.

Who qualifies for Recreation Fee Assistance?

If a resident of the City of Brooks or County of Newell already receives any of the following subsidies or support, they will automatically qualify for the Recreation Fee Assistance Program:

- Assured Income for the Severely Handicapped (AISH)
- Income Support (or Other Alberta Works Program)
- Alberta Health Benefits Card
- Guaranteed Income Support
- New Immigrant or Refugee
- Household income below Low Income Cut Off (LICO)

Who does not qualify?

- If your household income is above the LICO
- If you are a full-time University/College student
- If you are not a resident of the City of Brooks or the County of Newell

How do I apply?

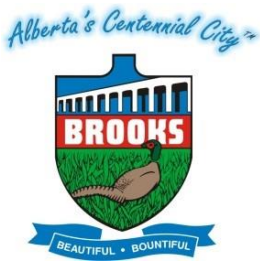
You must complete the attached application form in full. We are not able to process incomplete applications. Each application is important to us, and we will follow up with you by phone to inform you of any missing information.

Please complete the application form, attach the required documents and mail, fax or hand deliver to:

Mailing Address: JBS Canada Centre – Recreation Fee Assistance
Box 879
Brooks, AB T1R 1B7

Physical Address: JBS Canada Centre
323 - 1st Street East
Brooks, AB

Fax number: 403-362-4416



Recreation Fee Assistance – Application Form

Please print clearly.

Primary Applicant Information

First Name		Last Name		
Current Physical Address			City/Town	Postal Code
Phone Number	Email	Date of Birth (mm/dd/yyyy)	Gender Male Female	

Additional Family Member Information

**Must only include your partner/spouse and your children under 18 years old. If you are a legal guardian to someone else's child(ren) you must provide proper documentation to include them. All other household members must apply on a separate application form.*

	First Name	Last Name	Relationship to Applicant	Gender	Date of Birth		
					MM	DD	YYYY
2							
3							
4							
5							
6							
7							

Applicant contribution

I am able to pay \$ _____ per month, for 12 months, for the individual/family pass.

Proof of Residency

I have included proof of my current physical address within the City of Brooks or County of Newell with my application (check one):

- Notice of Assessment
- Recent Bank Statement
- Utility Bill
- Driver's License
- Municipal Tax Notice
- Other: _____

Required Verification Documents

Indicate which of the following applies to you by checking the appropriate box on the right side of the table. Be sure to include the appropriate "Required Documents" with your application:

Program	Required Documentation	Check One
AISH (Assured Income for the Severely Handicapped)	Provide a photocopy of your current health Benefits Card. Must have your name and expiry date (not yet expired). A current letter or documentation (i.e. "Notice of Eligibility" with your full name and that indicates you are on AISH) can also be accepted.	
Income Support (or other Alberta Works Program)	Provide a copy of the letter you received when you were approved that stated your name and the eligibility period. The Health Benefits Card, unless it has an expiry date on it, is not enough. If you no longer have the letter, call Alberta Works at 1-866-644-5135.	
Alberta Health Benefits Card	If your Alberta Health Benefits Card has an expiry date, you can provide a copy of that. If you are on a different program and your Alberta Health Benefits Card does not have an expiry date, provide a copy of the letter you received when you were approved that states your name and the eligibility period.	
Guaranteed Income Support	Please provide a copy of your Guaranteed Income letter or direct deposit statement.	
New Immigrant or Refugee	Provide a copy of the front and back of each members Permanent Resident Card or a copy of your family Confirmation or Permanent Residence paper or a copy of your Refugee Claimant document. Must be current (within the last year).	
Household income below LICO	Your most recent Canada Revenue Agency Notice of Assessment for each adult in the household who earns income showing line #150 (total income) OR the Canada Revenue Agency Goods and Services Tax/Harmonized Sales Tax stating family net income used for calculation OR Alberta Family Employment Tax Credit notice stating family net income used for calculation. (Total household income must be less than the totals in the chart below for the number of people per household).	

Income Threshold

1 PERSON	2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7+ PERSONS
\$15,719	\$19,133	\$23,823	\$29,722	\$33,845	\$37,535	\$41,225

Signature

I, _____, verify that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application shall be considered sufficient cause for refusal of my application for the Recreation Fee Assistance Program.

Signed

Date