

**RECREATION FEE  
ASSISTANCE PROGRAM  
APPLICATION FORM**



Date: \_\_\_\_\_

**PERSONAL INFORMATION - Primary Applicant**  
*(Please Print)*

Name *(first)* \_\_\_\_\_ *(last)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone *(home)* \_\_\_\_\_ *(work/cell)* \_\_\_\_\_

Email \_\_\_\_\_

**VERIFICATION OF QUALIFICATIONS**

**A. I am a resident of the Town of Drayton Valley and have proof:**

- Government Issued Letter or Notice
- Current bill from a utility provider showing legal land description  
(eg. home phone, gas, cable, water, energy provider)

**B. I have provided proof of qualifications: *(applicants must show one of the following to be eligible)***

- I am on AISH - please provide a current Medical Service Card
- I am on Income Support - please provide Direct Deposit Statement
- I am a Refugee - please provide copies of Refugee Protection Claimant document
- I am currently on EI - please provide Direct Deposit Statement
- I have a recent pay stub or Tax Notice of Assessment showing income below the Low Income Cut Offs

The Town of Drayton Valley reserves the right to refuse access to these funds to anyone who provides false information. In the event that any false information is discovered after an application has been approved will result in no further applications from that applicant being accepted.  
Please list yourself *(primary applicant)* and any others who will be part of this application:

NAME	BIRTHDATE (dd/mm/yy)	PROGRAM/SERVICE REQUESTED	RELATIONSHIP TO PRIMARY APPLICANT

You may qualify through your current Canada Revenue Agency "Notice of Assessment".

ADULT NAME	RECORD AMOUNT FROM LINE 236 OF NOTICE OF ASSESSMENT
	<b>TOTAL:</b>

Number of people in the household dependent on the income: \_\_\_\_\_

How did you hear about the RPC Fee Assistance Program?

Internet    Brochure    Facility Staff    Used the program before    Word of Mouth

Referral Agency: \_\_\_\_\_

Other: \_\_\_\_\_

*I hereby certify that the information in this application is true, correct and complete in every respect. I have fully disclosed my family's income from all sources. Further, I agree to inform the Community Services Department of changes in the information given. I understand that failure to do so could result in loss of this and future subsidy. I understand that this application is valid for the current year and future subsidy requests will require a re-application. The Town of Drayton Valley may verify any information on this application.*

Date: \_\_\_\_\_

Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_

The personal information collected during the application process for the Recreation Fee Assistance Program is collected under the authority of Section 33 of the Freedom of Information and Protection Privacy Act, RSA 2000, Chapter F-25, and is used exclusively and expressly for the purpose mentioned above. If you have any questions on disclosure or the use of information, please contact the FOIPP Coordinator at (780)514-2200.

**All completed applications are to be in a sealed envelope and dropped off at the  
Town of Drayton Valley Office, located at 5120-52<sup>nd</sup> Street:**

**Attention: Community Services Manager  
or**

**Mailed To:**

**Attention: Community Services Manager  
Box 6837, Drayton Valley, AB T7A 1A1**

**or**

**Emailed to: [csadmin@draytonvalley.ca](mailto:csadmin@draytonvalley.ca)**

**For Office Use Only:**

Not Approved

Approved

Notice of Assessment copied and sent to Treasury

Date: \_\_\_\_\_

Staff Name (print) \_\_\_\_\_ Signature: \_\_\_\_\_