

OPTION (A) - Provide an **INCOME TAX NOTICE OF ASSESSMENT (2019 Tax Year)** from the Canada Revenue Agency for **ALL Adults 18 and over in Household.**

OPTION (B): Referral from your Financial Assistance/Social Worker.

Waiver from the Ministry for Children & Family Development/ Ministry of Housing and Social Development/ Community Living BC/ Cowichan Tribes Social Development & Community Safety Departments ONLY.	
This applicant/family is known to me and I verify that they are residents of AREA (see list on page 1) _____, have _____ total approved family members, and have a household income within allowable limits listed on the bottom of page 1.	
Print Name of Staff/Social Worker: _____	STAMP HERE
Signature of Staff/Social Worker: _____	
Date: _____ Phone: _____	
Office Location: _____	

Eligibility Requirements:

You are a resident as indicated on page 1. In order to qualify for this program, individuals or *families with *combined

STEP 3 of 3: SIGNATURE OF CONSENT and BRING IN FORM AND REQUIRED DOCUMENTATION

I _____, (PRINT NAME) declare and affirm that all information provided in or with this application is true, correct, and complete to the best of my knowledge. I acknowledge that all information provided verbally or in writing in relation to this application will be held in strict confidence by the Cowichan Aquatic Centre, and that Leisure Access Cards may be cancelled for failure to observe facility rules, including unacceptable behaviour and misuse of Leisure Access Cards.	
Signature: _____	Date: _____

gross household incomes from all sources must fall below the "Low Income" levels as recognized by Statistics Canada.

Definitions:

- *Family – Those who live at the same address including all extended household members related by blood, common law, adoption or marriage.
- *Adult – Must be 18 years or older.
- *Address – Includes separate living areas in one household such as shared accommodation including basement suites and single rooms.
- *Combined Gross Household Income – Total combined income, **before taxes**, received by all members of a household. (Line 150 on Notice of Tax Assessments)

STAFF USE ONLY	
Date Received:	Initially Reviewed By (Clerk to Initial)
Class/Perfect Mind Account Updated:	Approved: Yes or No
Reason Denied:	Approval Officer Signature: Date Approved: