

The Leisure Access Program is specifically for economically disadvantaged residents who live within the boundaries of the Municipality of North Cowichan, City of Duncan, and Cowichan Tribes Reserve Lands or within the contributing areas of the Cowichan Valley Regional District (Area A, B, C, D, E, F, I - all areas contribute with the exception of Area G (Saltair/Gulf Islands) and Area H (North Oyster/Diamond)).

Please make sure that you complete this with all of the required information and documentation required. More details are on the back of this application form.

STEP 1 of 3: APPLICANT INFORMATION – Each person living in the house MUST be listed.			
Street Address		Local Governing Area (ie CVRD Area D; M.N.C.; etc)	
City	Postal Code	Email Address	
Home Phone Number		Cell Phone Number	
Last Name	First Name, Middle Initial	M/F	Date of Birth (YYYY/MMM/DD)

STEP 2 of 3: PROOF OF RESIDENCY (Mandatory for All Applications) and INCOME BASED ON PREVIOUS TAX YEAR (2018)							
<input type="checkbox"/> CURRENT VALID PHOTO ID with Current Address (B.C. Driver’s License, B.C. Identity Card, B.C. Services Card) for ALL Adults 18 and over in Household). This address is to be the same as Address on Application form.							
<input type="checkbox"/> 2018 TOTAL GROSS HOUSEHOLD INCOME (Option A or Option B on page 2).							
Total Yearly Gross Household Income:							
Number in Household	1	2	3	4	5	6	7 or more
Gross Household Income (2018)	\$22,186	\$27,619	\$33,953	\$41,225	\$46,757	\$52,734	\$58,712

OPTION (A) - Provide an **INCOME TAX NOTICE OF ASSESSMENT (2018 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)

Benefit:

An annual pass for access to the Cowichan Aquatic Centre Pool, Fitness Centre & Drop in Fitness Classes at the Cowichan Aquatic Centre.

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: