

Leisure Access Program

FOR RESIDENTS OF THE MUNICIPALITY OF NORTH COWICHAN, COWICHAN VALLEY REGIONAL DISTRICT, CITY OF DUNCAN, COWICHAN TRIBES RESERVE LANDS, AND THE TOWN OF LADYSMITH

Program Access:

The Leisure Access Program grants annual access for the applicant(s) to attend drop-in programs offered at the Cowichan Aquatic Centre and the Fuller Lake Arena.

Applicant Personal Information

Applicant Name: _____

Address: _____

Date of Birth (mm/dd/yyyy): _____

Phone Number: _____

Email Address: _____

Additional Applicant Information

Each person living in your household MUST be listed

Last Name	First Name, Middle Initial	Date of Birth (mm/dd/yyyy)

Please provide the following documentation:

☐ Current Valid Photo Government ID for each applicant over the age of 18
AND in the household (with address matching application listed above)

☐ 2024 Notice of Assessment supplied by Revenue Canada (Option A)

OR
☐ Referral from your Financial Assistance or Social Worker (Option B)

Option A: Low Income 2025 Leisure Access Program Cutoffs

Total gross household income is the total combined income, before taxes, received by all members of the household. Line 15000 on your 2024 Notice of Tax Assessment.

Total Income Cutoffs 2025 Leisure Access Program							
Number in Household	1	2	3	4	5	6	7+
Gross Household Income	26,759	33,312	40,953	49,724	56,395	63,605	70,815

Option B: Referral from your Financial Assistance or Social Worker

Referral from the Ministry for Children and Family Development, Ministry of Housing and Social Development, Community Living B.C., or the Cowichan Tribes Social Development and Community Safety Department.

The applicant(s) _____ is (are) known to me, and I verify that they are residents of the Cowichan Valley, have a total of _____ family members living in the household, and have a household income within allowable limits listed on page 1 of this application form.

Name of Financial Assistant or Social Worker:

Office Address:

Signature of Financial Assistant or Social Worker:

Date:

Stamp Here

Signature of Consent

I _____ (PRINTED 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 Municipality of North Cowichan, and that Leisure Access Passes may be cancelled for failure to observe facility rules, including violations of our Code of Conduct and Respectful Spaces Bylaw #3796.

Signature of Applicant: _____

Eligibility Requirements:

The Leisure Access Program is specifically designed for economically disadvantaged residents who live within the boundaries of the geographical areas listed on page 1. In order to qualify for this program, individuals or families must provide proof of residency as well as either income below the thresholds listed on this form or referral from financial assistance or social worker. Please send completed applications, along with photo I.D. to recreation@northcowichan.ca, or drop off in-person at the Cowichan Aquatic Centre.

North Cowichan Administration Use

Date Application was received: _____

Approval/Decline Offer Signature: _____

Date of Approval/Denial: _____

Date Xplor Profile Updated: _____