

# LEISURE ACCESS PROGRAM APPLICATION FORM

**ACCOUNT HOLDER:**

Last Name:		First Name:	
Address:	City:	Province:	Postal Code:
Phone:	Cell Phone:	Work Phone:	
Email:	Male	Female	Date of Birth (y/m/d):

**SPOUSE:**

Last Name:		First Name:	
Phone:	Cell Phone:	Work Phone:	
Email:	Male	Female	Date of Birth (y/m/d):

**CHILDREN LIVING IN HOUSEHOLD:**

Last Name:	First Name:	Date of Birth (y/m/d):	Male:	Female:
Last Name:	First Name:	Date of Birth (y/m/d):	Male:	Female:
Last Name:	First Name:	Date of Birth (y/m/d):	Male:	Female:
Last Name:	First Name:	Date of Birth (y/m/d):	Male:	Female:
Last Name:	First Name:	Date of Birth (y/m/d):	Male:	Female:
Last Name:	First Name:	Date of Birth (y/m/d):	Male:	Female:

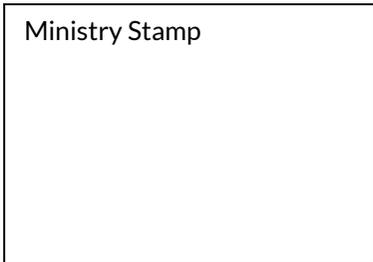
**Please check one:**

- |                                     |                                    |                                    |
|-------------------------------------|------------------------------------|------------------------------------|
| Family of 1 gross income <\$26,127  | Family of 2 gross income <\$32,525 | Family of 3 gross income <\$39,986 |
| Family of 4 gross income <\$48,550  | Family of 5 gross income <\$55,064 | Family of 6 gross income <\$62,103 |
| Family of 7+ gross income <\$69,143 |                                    |                                    |

**Option 1:** You must attach proof of total family income for each person in the household over the age of 19. Please provide a copy of the following:

- |  |  |
|--|--|
| Most Current Notice of Assessment supplied by Revenue Canada | Income Assistance Payment Stub from MHSD |
| CPP/Long-term Disability Payment Stub                        | BC Seniors Supplement Payment Stub       |

**Option 2:** Cowichan Valley Youth Services Society, Ministry Approval. This applicant/family is known to me and I verify that they are residents of the regional partner communities, have \_\_\_\_\_ total approved family members, and have a household income within allowable limits.



Staff / Social Worker Name: \_\_\_\_\_

Staff / Social Worker Signature: \_\_\_\_\_

You must attach proof of residency. Please provide a copy of one of the following:

Most recent utility bill	Telephone or hydro bill	Rental agreement
Other - Please state: _____		

**For Office Use Only**

Processed by:			
New Applicant	<input type="checkbox"/>	Renewal	<input type="checkbox"/>
Resident	<input type="checkbox"/>	Income info attached	<input type="checkbox"/>



## **Town of Ladysmith Leisure Access Program**

### **What is the Leisure Access Program?**

The Town of Ladysmith Department of Parks, Recreation & Culture offers fee subsidy to eligible residents experiencing financial need. The program is available to residents of the Municipality of North Cowichan, the Cowichan Valley Regional District, the City of Duncan, Cowichan Tribes Reserve Lands, Stz'uminus First Nation and the Town of Ladysmith.

The subsidy improves access to recreation by reducing fees for admissions and program registrations offered in Ladysmith. Proof of income and residency is required to determine eligibility.

### **Who Can Apply?**

To be eligible for assistance, applicants must:

- Be residents of the Municipality of North Cowichan, the Cowichan Valley Regional District, the City of Duncan, Cowichan Tribes Reserve Lands, Stz'uminus First Nation or the Town of Ladysmith; and
- Have a total household income below the Statistics Canada Low-Income Cut-Offs (LICO).

Applicants must provide proof of residency and financial status at the time of application.

### **How do I apply?**

Complete application form on reverse and return it to the Ladysmith Parks, Recreation & Culture Department at the Frank Jameson Community Centre. Be sure to include all the required documentation as outlined on the application form.

### **What can the Leisure Access Program be used for?**

Approved applicants receive:

- A 50% reduction in cost for most registered programs four times per year (one per season), and
- A 50% discount on facility admissions at Frank Jameson Community Centre.