



COUNCIL POLICY #C-01-16

RECREATION FEE ASSISTANCE PROGRAM APPLICATION FORM

Date: _____

Personal Information- *Primary Applicant – Please Print*

Name *(first)* _____ *(Last)* _____

Address _____

Town _____ Postal Code _____

Phone *(home)* _____ *(work/cell)* _____

Email _____

Gender: Male Female

RFAP Type - AISH Refugee Alberta Income Support DHA Tenant

Guaranteed Income Support Others – please provide documentation

Please list yourself (primary applicant) and any others who will be part of this application:

NAME	BIRTHDATE (DD/MM/YY)	GENDER	*STUDENT	Membership Type	RELATIONSHIP
				REQUESTED	TO PRIMARY APPLICANT

*If you are a student in University, College or a Trades program (over 18 years of age), please check the box next to their name.

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

Please bring this information to your appointment.

**family: up to two adults and his/her/their children/youth living in the same residence.

