

RECREATION FINANCIAL ASSISTANCE PROGRAM

APPLICATION

west vancouver

Client Application Form

The Recreation Financial Assistance Program is designed by the District of West Vancouver to support West Vancouver residents who are in financial need. The application process supports the diversity of family structures within the community and addresses eligibility based on household income, as defined by the Canada Revenue Agency.

List all family members sharing the same home, including the applicant (please print)

LAST NAME	FIRST NAME	BIRTH DATE (mm/d/y)	M/F

ADDRESS		HOME #	
CITY	West Vancouver, BC (<i>only municipality accepted</i>)	MOBILE #	
POSTAL CODE		WORK #	
EMAIL			

I certify that all the information given on this form and documents presented to the Access staff, are current, complete and fully disclose my family income in Canada and abroad.

Name: _____ Signature: _____ Date: _____
(Please print)

The District of West Vancouver reserves the right to refuse access to this program to anyone who provides false information. In the event that false information is discovered we reserve the right to nullify the passes and withdraw from any programs purchased at a reduced rate.

Freedom of Information and Protection of Privacy Act: personal information contained on this form is collected under the Freedom of Information and Protection of Privacy Act and will be used only for the purpose of managing the use of the District of West Vancouver's Financial Access Program. If you have questions about the collection and use of this information please contact Legislative Services at 604-921-3497, District of West Vancouver, 750 17th Street, West Vancouver, BC V7V 3T3.

Office Use Only: New Membership Renewal

APPOINTMENT DATE	
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HOUSING		NUMBER OF MEMBERS IN FAMILY	
<input type="checkbox"/> Rent	\$ /month	<input type="checkbox"/> 1	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
<input type="checkbox"/> Rental Assistance	\$ /month	COMBINED FAMILY INCOME \$ <input type="checkbox"/> Within threshold	
<input type="checkbox"/> Own Home	\$ Assessed Value	COMBINED FAMILY LINE 121 (Interest & Other Investment) \$ <input type="checkbox"/> \$500 or Less	
	<input type="checkbox"/> Deferring Taxes	COMBINED FAMILY LINE 208 (RRSP & PRPP Deduction) \$ <input type="checkbox"/> \$2000 or Less	
		COMBINED FAMILY LINE 254 (Capital Gains) \$ <input type="checkbox"/> \$2000 or Less	

FAMILY MEMBER	INCOME FROM NoA	INCOME DETAILS (Employment, Government Assistance, Pensions)	OTHER INCOME	OTHER INCOME DETAILS

APPLICATION RESULT			
ELIGIBILITY	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Short-Term
RENEWAL DATE			
COMPLETED BY	<input type="checkbox"/> AC	<input type="checkbox"/> AAC	<input type="checkbox"/> Manager Approval

NOTES: