

# BASSANO OUTDOOR POOL FEE ASSISTANCE PROGRAM

## APPLICATION FORM

The Fee Assistance Program was developed to help low-income individuals and families access the Bassano Outdoor Pool during public swimming or lane swimming. It does not cover instructor lead programs such as swimming lessons or Aquafit.

This program is first come, first serve as funding is limited. To participate in the program, complete the form below.

**CONTACT INFORMATION:**

Applicant Contact Information	First Name*	Middle Initial	Last Name*
	Preferred Name (if different from the one above)		Date of Birth* (YYYY-MM-DD)
Alternate Contact Information	First Name*	Middle Initial	Last Name*
	Preferred Name (if different from the one above)		Date of Birth* (YYYY-MM-DD)
Residential Address	Address* (Unit #, Street #, Street Name, City)		Postal Code*
Mailing Address	Address* (Unit #, Street #, Street Name, City)		Postal Code*
Email Address		Phone Number	Alternate Phone Number

Have you participated in the Fee Assistance Program before?                      Yes                      No

**PROGRAM INFORMATION:**

List all the members of the household.

Adults – List all adults living in the family household. Attach a copy of the Canada Revenue Agency Notice of Assessment or Reassessment for each adult family member.

Last Name	First Name	Relationship	Birth Date YYYY-MM-DD	Total Annual Income before Tax (Line 150 from Revenue Canada's Notice of Assessment)	Request Subsidy	
					Yes	No
					Yes	No
					Yes	No
					Yes	No
Grand Total Annual Income						

The personal information requested on this form is being collected for the purpose of course/seminar registration under the authority of the Freedom of Information and Protection of Privacy Act (FOIPP). If you have any questions about the collection of this information, please contact our FOIPP Coordinator at the Town Office (403) 641-3788

Children – under 18 living in the family home.

Last Name	First Name	Date of Birth	Request Subsidy	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

**FEE ASSISTANCE PROGRAM REQUIREMENTS AND PROGRAM TERMS:**

1. The Fee Assistance Program is first come first serve and will be closed when available funds have been allocated.
2. Participants must be a resident of the Town of Bassano or Division 6 of the County of Newell.
3. The total annual household income falls below the Government of Canada’s Low Income Cut Off and Alberta Seniors Benefit eligibility. See income thresholds below.

Size of Household	Total Income of All Adults (Line 150)
1	\$28,217
2	\$35,128
3	\$43,187
4	\$52,434
5	\$59,470
6	\$67,073
7 or more	\$74,675
Size of Household	Total Income of All Seniors (Line 150)
Senior (65 years or older) – Single	\$29,630
Senior (65 years or older) - Couple	\$48,120

The applicant must provide their Canada Revenue Agency Notice of Assessment or Reassessment for each household member over the age of 18 – Total income is shown on line 150

OR

Alberta Adult Health Benefits Card

4. Program subsidy offsets 50% of admission fees. The subsidy cannot be used for swimming lessons, aquafit, or any other programs.
5. Program subsidy cannot be transferred from one member of the family to another.
6. The subsidy does not carry forward year-over-year. Applicants must reapply annually.

I acknowledge that I have read and understand the fee assistance application requirements and program terms above.

\_\_\_\_\_

\_\_\_\_\_

Signature of applicant

Date

**OFFICE PORTION**

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**Confirm Total Annual Income** (Income falls below the Government of Canada's Low Income Cut-Off income threshold)

Yes

No

OR

Alberta Works/Income Support or Assured Income for the Severely Handicapped (AISH) Health Benefits Card Number

\_\_\_\_\_

Name	Age	Subsidy Amount
<b>Total Subsidy Amount</b>		

**Approval for the total subsidy amount:** Yes

No

\_\_\_\_\_

\_\_\_\_\_

CAO Authorization

Date