

**Dear Applicant**

Thank you for your interest in Westside's Fee Assistance Program. This program may provide the opportunity for individuals and families to enjoy our facilities regardless of financial circumstances.

To be eligible to qualify for Westside's Fee Assistance Program, the following requirements must be met:

- You must be a resident of Calgary at the time of application.
- You must have a household income below the current **Statistics Canada Low-Income Cutoffs** as noted in the chart below. You will be required to prove that your income is below the Low-Income Cutoff.

<b>Household Size</b>	<b>Annual Taxable Income</b>
1	\$22,637
2	\$28,182
3	\$34,646
4	\$42,065
5	\$47,710
6	\$53,808
7 +	\$59,907

Those **not eligible** for assistance include:

- families or individuals receiving subsidies through similar programs at other recreation facilities,
- students attending post secondary educational facilities.

The amount of assistance will vary according to the number of children in the family, income level and household expenses. Each family or individual will be asked to contribute what they can afford.

The application process is as follows:

- Complete the application and provide documentation for all income and expenses.
- Return the completed application either via mail or at our customer service desk
- Once the documents are reviewed, you will be contacted for an interview, if eligibility criteria are met.

Please note that we communicate solely with the person requesting subsidy in our review process. A part of the process requires an evaluation of the applicant's desire and ability to fully utilize Westside's programs and services. If the applicant is unable to access the facility independently and requires an aide to do so, then the interview process will include the aide /support worker who will be present assisting the applicant.

In accordance with Westside policy, annual subsidized memberships are offered to eligible individuals on a one-time, basis only. This policy allows us to utilize our limited resources most equitably by providing opportunities to access Westside to as many individuals in our community as possible. The need constantly surpasses the funds available to support this program. Therefore, not everyone who meets the criteria may be able to access the program.

If you have any questions, or require assistance filling out this application please do not hesitate to call me at 403-531-5875, loc.227.

Yours truly,

Janny Hutchinson  
Executive Assistant

## Fee Assistance Application Form

Applicant			
Title	Last Name	First Name	Initial
Mailing Address			City Calgary
Telephone (H) ( )	Telephone (B) ( )	Telephone Cell) ( )	D.O.B. (mm/dd/yy)
E-Mail:			
Emergency Contact	Relationship	Telephone (H) ( )	Telephone (B) ( )

Spouse/Partner			
Title	Last Name	First Name	Initial
Telephone (B) ( )	Telephone (Cell) ( )	E-Mail:	D.O.B. (mm/dd/yy)

Dependents			
Last Name	First Name	D.O.B. (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	D.O.B. (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	D.O.B. (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	D.O.B. (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	D.O.B. (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name	First Name	D.O.B. (mm/dd/yy)	<input type="checkbox"/> Male <input type="checkbox"/> Female

WRRS Office Use Only	
Administration	Processed by: _____ Date Processed _____ Subsidy Amount \$ _____ Client Amount \$ _____
Comments	

## Household Income and Expense Information

Household Size —

**Proof of current income and expenses is required. Provide documentation that confirms ALL sources of income from ALL adults (18 years and older) in your household for the last two months.**

### Income Information

Source of Income	ALL adults in your household (amount per month)	Clarification (if needed)
EMPLOYMENT INCOME – (amount before deductions) (for all adults in the household for last 2 months)	\$	
EMPLOYMENT INSURANCE Received	\$	
PENSION Received	\$	
CHILD SUPPORT/ALIMONY Received	\$	
CHILD TAX BENEFIT	\$	
WORKERS COMPENSATION	\$	
GST CREDIT	\$	
SAVINGS, (Foreign and Domestic)	\$	
RRSP INCOME	\$	
AISH – provide a copy of your current Health Benefits Card or any other document that has your full name and shows you are currently receiving AISH	\$	
INCOME SUPPORT – provide a copy of your current Health Benefits Card or any other document that has your full name and shows you are currently receiving Income Support	\$	
Any Other Income	\$	
<b>TOTAL GROSS MONTHLY INCOME</b>	\$	

You must include all financial income and support you receive each month. This includes the above list as well as tips, grants, self-employment, rental income, and interest from investments.

If you are living below the Low Income Cut-offs, and unable to provide any of the above documentation, depending on the circumstance, we may be able to accept a letter from your social worker. This letter must be printed on letterhead and must be signed by a Registered Social Worker. It must state your current financial situation and that the social worker supports your application.

**Expense Information**

Expense	Amount	Detail
HOUSING (Confirmation of Rent or Mortgage must be supplied)	\$	
FOOD (Monthly Cost Estimate)	\$	
MEDICAL EXPENSES	\$	
CHILDCARE (Receipts required)	\$	
UTILITIES (Receipts required)	\$	
TRANSPORTATION (Transit Pass or Gas Only)	\$	
OTHER HOUSEHOLD EXPENSES (Receipts required) Please List:		
•	\$	
•	\$	
•	\$	
•	\$	
•	\$	
•	\$	
•	\$	
•	\$	
<b>TOTAL MONTHLY EXPENSES</b>	\$	

**Acknowledgement and Signature**

*I would like to access Westside's amenities and basic locker areas and request financial assistance because I am unable (not unwilling) to pay the full fee under any of the standard payment options. The information I have provided on this form is correct and accurate to the best of my ability. If my financial circumstances change, I will notify Westside immediately.*

Applicant's Signature

Date (mm/dd/yy)

*The personal information on this form is being collected and protected under the authority of the Freedom of Information, Protection of Privacy Act of the Province of Alberta, Section 33(c). The purpose of the information is for the evaluation of eligibility and administration for FEE ASSISTANCE.*