

Westside Recreation Centre Fee Assistance

Everyone should have the opportunity to enjoy a healthy, active lifestyle. Westside Recreation Centre offers Fee Assistance to families, individuals and youth who are financially unable (not unwilling) to pay full membership or program fees.

Westside Recreation Centre is a public facility run by a registered charitable organization. Fee Assistance is funded through the kindness of donors and the Westside Regional Recreation Society.

Eligibility

To qualify for fee assistance, you must:

- Be a resident of Calgary, AND
- Have an income below current Statistics Canada Low Income guidelines. You are required to provide documentation that proves your household is below the low income level.

What is a "Household"?

A household is **ALL** family members living in the same home related by blood, marriage, common-law, or adoption including children and seniors. This definition is determined by Statistics Canada and accompanies the Low-Income standards table shown below.

Household Size	Annual Taxable Income
1	\$30,526
2	\$38,003
3	\$46,720
4	\$56,724
5	\$64,336
6	\$72,560
7+	\$80,785

Who is Not Eligible for Fee Assistance?

- Students attending post-secondary educational facilities and their family members
- Business class, family class, or sponsored immigrants

If approved, the amount of assistance depends on the number of children in the family, income level, family assets, and household expenses.

Each family or individual will be required to contribute what they can afford.

Frequently Asked Questions

What's included with Westside Fee Assistance?

Westside Fee Assistance includes annual membership subsidies for adults and children within a household, plus registered program subsidies for dependant children under 18 years of age.

How long will I be approved for?

Westside provides Fee Assistance for twelve consecutive months (one year). If you wish to receive further Fee Assistance at the end of your term, you will need to reapply.

If I receive Fee Assistance, what is expected of me?

Fee Assistance recipients are expected to regularly use Westside facilities and services, complete required payments, and keep all information regarding their Fee Assistance confidential.

Application Checklist

- Completed Application Form

All adults 18 years and older living in the household must provide copies of:

- Paystubs for at least the last 2 months
- AISH, Income Support
- Employment Insurance, Workers Compensation, Pensions, RRSP Income
- Any property, savings or investments, foreign or domestic
- Alimony, Child Support, Child Tax Benefit, GST Credit

Information about household expenses:

- Housing (rent or mortgage)
- Food (estimate)
- Utilities (receipts)
- Childcare (receipts)
- Transportation (transit pass or gas only)
- Medical Expenses (receipts)
- Other Household Expenses

Incomplete or unsigned applications will NOT be processed.

Applications must be complete with monthly totals, date, signature, and copies of all supporting documents.

****Please note that, as part of our review process, we will only communicate with the person applying for fee assistance****



FEE ASSISTANCE APPLICATION
Part 1 of 3

APPLICANT

Last Name	First Name	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow	DOB mm/dd/yy	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Listed
Residential Address (PO Box #'s not accepted)		City CALGARY	Postal Code	
Telephone (Home)	Telephone (Work or Cell)	Email		

SPOUSE/PARTNER

Last Name	First Name	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow	DOB mm/dd/yy	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not Listed
Residential Address (PO Box #'s not accepted)		City CALGARY	Postal Code	
Telephone (Home)	Telephone (Work or Cell)	Email		

DEPENDENT CHILDREN Under 18 Years

Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School

EMERGENCY CONTACT

Last Name	First Name	Relationship
Telephone (Home)	Telephone (Work)	Telephone (Cell)

WRRS OFFICE USE

Processed by	Date Processed
Subsidy Amount	Client Amount
Comments:	



FEE ASSISTANCE APPLICATION Part 2 of 3

HOUSEHOLD INFORMATION

Total number in household: all persons living in the same dwelling and related by blood, marriage, common-law relationship or adoption.

Number of Adults 18-64Y, related by blood, marriage or common-law	Number of Seniors 65Y or older, related by blood, marriage or common-law	Number of Children Under 18Y related by blood or adoption	TOTAL NUMBER IN HOUSEHOLD

INCOME

Source of Income	Total for ALL adults in the household per month	Clarification/comments	Documentation attached
Wages from Employment (before deductions)	\$	Employer name(s): _____ _____	ONE of the following: <input type="checkbox"/> Paystubs for at least 2 months <input type="checkbox"/> Official signed letter from employer
Self-Employment or Business Income (including income from a part-time business such as taxi/ Uber driving, salon, home-based business, etc.)	\$	Occupation / type of business: _____ _____	<input type="checkbox"/> Financial statements completed by an accountant
Employment Insurance	\$		<input type="checkbox"/> Statements for 2 months
Pension Income (government and private) and/or RRSP Income	\$		<input type="checkbox"/> Statements for 2 months
Child Support/Alimony	\$		<input type="checkbox"/> Copies of cheques/payments
Child Tax Benefit Canada National Child Benefit Child Disability Benefit Universal Childcare Benefit	\$		<input type="checkbox"/> Copies of cheques, or <input type="checkbox"/> Canada Revenue Agency notices
Worker's Compensation	\$		<input type="checkbox"/> Statements for 2 months
AISH	\$		<input type="checkbox"/> Copy of health benefits card, OR <input type="checkbox"/> Any document with full name and address showing you are receiving AISH
Income Support	\$		<input type="checkbox"/> Copy of health benefits card, OR <input type="checkbox"/> Any document with full name and address showing you are receiving Income Support
Student Loans, Grants or Scholarships	\$		<input type="checkbox"/> Current statements
Savings, both Domestic and Foreign	\$		<input type="checkbox"/> Current statements
Tips, long-term or short-term Rental Income, Interest from Investments, or any other Income	\$		<input type="checkbox"/> Financial statements or T5 statement
TOTAL GROSS MONTHLY INCOME for ALL adults in the household	\$		

If you are living below Low-Income Cutoffs and unable to provide documentation required, Westside may accept a letter from your social worker. Letters must be printed on letterhead, dated and signed by a Registered Social Worker, and must outline your financial position and your social worker's support for your application.



FEE ASSISTANCE APPLICATION
Part 3 of 3

EXPENSES

Expense	Amount Per Month	Detail	Documentation attached
Housing <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other	\$		ONE of the following: <input type="checkbox"/> Receipts for at least 2 months <input type="checkbox"/> Official, signed letter from mortgage holder or landlord
Food	\$		
Medical Expenses	\$		<input type="checkbox"/> Receipts for ongoing expenses
Childcare	\$		<input type="checkbox"/> Receipts
Child Support/Alimony Payments	\$		<input type="checkbox"/> Receipts
Utilities	\$		<input type="checkbox"/> Receipts
Transportation (Transit or fuel only)	\$		<input type="checkbox"/> Transit pass receipts, OR <input type="checkbox"/> Fuel receipts
Other Ongoing Household Expenses (Please specify)	\$		<input type="checkbox"/> Receipts
	\$		<input type="checkbox"/> Receipts
	\$		<input type="checkbox"/> Receipts
	\$		<input type="checkbox"/> Receipts
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$		

ACKNOWLEDGEMENT & SIGNATURE

- I hereby request financial assistance from Westside Regional Recreation Society because I am unable, not unwilling, to pay the full fee to access Westside Recreation Centre's facilities, programs and services.
- I understand that, if approved, I have 30 days to activate a Westside membership. Failure to activate means I will be required to reapply for financial assistance.
- I understand that I am required to use my fee assistance to utilize Westside facilities and programs. Assistance can be cancelled if it is not used to an acceptable level.
- The information I have provided in this application and as part of the interview is correct and accurate to the best of my knowledge. If my financial circumstances change, I will notify Westside immediately.

Applicant Signature	Date
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Personal information on this form is collected and protected under the authority of the Freedom on Information, Protection of Privacy Act of Alberta, Section 33©. This information will only be used for evaluation of eligibility and administration of Westside's Fee Assistance Program.

Applications must be complete with monthly totals, date, signature, and copies of all supporting documents.
Incomplete applications will NOT be considered.

Drop off completed forms to Westside's Customer Service Counter.