

Application Form

PRIMARY APPLICANT INFORMATION

Applicant Name: _____ Birthdate: _____
 Address: _____ City: _____ Postal Code: _____
 Email Address: _____ Marital Status: Single Common-Law
 Phone Number: _____ Married Widowed
 Separated/Divorced

FAMILY INFORMATION

Family Members (Please include Applicant)	Birthdate:	Age:	Relationship to Applicant:

Family members must live within the same household. Family membership includes 2 adults over the age of 18, and those under 18 that live within their household.

FACILITY PASS OR MEMBERSHIP

Approved applicants will receive 60% off of their chosen annual membership or monthly facility pass. Choose one of the following.

FACILITY PASS (30 days)				MEMBERSHIP (Annual)			
Adult	Family	Senior	Youth	Adult	Family	Senior	Youth

SELF DECLARATION & CONSENT

To be eligible for participation in the program, gross household income must be no greater than the following income ranges. Proof of combined income will be required in circumstances for married/common-law settings.

Size of Family Unit	1	2	3	4	5	6	7 or more persons
Income	\$32,690	\$40,695	\$50,029	\$60,744	\$68,894	\$77,702	\$86,510

I hereby declare that my income (or combined income of married/common law) per year is currently estimated at:
 \$ _____

SELF DECLARATION & CONSENT (Continued)

I declare that all the above information to be true to my best of knowledge.

I understand misuse of the program privileges or misinformation provided on this application may result in a loss of privilege or penalty.

If a spouse/common law partner was listed on this application, I confirm that I have reviewed the terms and conditions with this individual and they also agree to the terms and conditions.

With this application I have included the following:

Proof of Income or Combined Income For All Adults

- Canada Revenue Agency Tax Assessment
- Canada Revenue Agency Canada Child Benefit Notice
- Canada Revenue Agency GST/HST Credit Note
- Other, please specify:

Proof of Residency

- Lease or Rental Agreement
- Utility or Phone Bill
- Drivers License
- Other, please specify:

Email Consent:

I would like to receive emails regarding other affordable community programs: Yes No

SIGNATURE

DATE

Please email completed forms to our Guest Services Team at: info@rrcwb.ca

OFFICE USE ONLY

Application received on:		Benefit received:	
Approved on:		Benefit started:	
Approved by:		Benefit expires:	

Reason for not approving (if applicable):