

Program Accessibility Support Subsidy (PASS) - Application Form

PASS is a Town of Morinville initiative with the goal of assisting low income families to access Community Services Programs through the provision of annual funding credits. **PASS** applications must be renewed every calendar year to receive annual program credits, and the **PASS** program is not guaranteed to continue from year to year. All information herein is being collected for the purpose of application for **PASS** pursuant to the provision of the Municipal Government Act and its regulations, and pursuant to Section 32C of the Freedom of Information and Protection of Privacy Act. Questions about the collection of this information should be directed to the Director of Community Services at (780) 939-4361.

Applicant Name: Last _____ First _____

Applicant Address: _____

Phone Number(s): _____

E-mail (if applicable): _____ **Date of Application:** _____

Participants: Please list all household family members/dependants who will be participate in this program:

	Name	Gender	Age	Date of Birth	Alberta Health Card #
1.					
2.					
3.					
4.					
5.					
6.					
7.					

You are eligible for the PASS program if you are a resident of the Town of Morinville, your combined annual gross household income from all sources is below the following income levels, and you are not a post secondary student.

ELIGIBLE FOR A \$130/ADULT AND \$260/YOUTH ANNUAL PROGRAM CREDIT

# in Family Household	1	2	3	4	5	6	7
Combined Income	\$23,895	\$29,747	\$36,571	\$44,402	\$50,360	\$57,697	\$63,235

CONSENT: If requested, I _____ (**Signature**) agree to meet with a representative of the Town of Morinville Community Services Department and will, at that time, disclose my household financial information detailed in our latest Revenue Canada tax return. I understand that random checks may be done to verify my income, and that benefits provided under the PASS program will be cancelled if information is withheld or discovered to be false.

DECLARATION: I _____ (**Print Name**) hereby declare that:

- a) Our combined annual gross household family income for the calendar year 2009 was \$ _____
- b) All listed participants are permanent residents of the Town of Morinville, and I am 18 years of age or older
- c) All listed participants are not post secondary students

_____ (**Signature**) _____ (**Date**)

Submit completed applications to: Town of Morinville Community Services Department
10125 - 100th Avenue
Morinville, Alberta
T8R 1L6