

Recreation Without Barriers - Application Form

RWB is a Town of Morinville initiative with the goal of assisting low income families. This program improves access to recreation for those youth residents who have a limited income. It provides approved applicants with no cost/reduced costs to Recreation Programs either offered within the municipality or school based program. **RWB** applications must be renewed every calendar year to receive annual program credits. The **RWB** program is not guaranteed to continue from year to year.

All information provided is being collected for the purpose of determining eligibility for the RWB program pursuant to Section 33(c) of the Freedom of Information and Protection of Privacy Act and is used solely for the purposes of the Town of Morinville. Questions about the collection of this information should be directed to the Town's Information Management/FOIP Coordinator at 10125-100 Avenue, Morinville, Alberta, T8R 1L6, (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/dependents who will be participants in this program:

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

You are eligible for the **RWB** program if you are a youth resident of the Town of Morinville, the 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 \$150/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 or the FCSS Coordinator 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 RWB 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 2018 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