



## Recreation Assistance Program Application Form

South Cowichan Recreation is committed to providing accessible and affordable recreation programs. Families living in the Cowichan Region are eligible to apply for the Recreation Assistance Program, if your combined family income is at or below the Statistics Canada Low Income Threshold. All of the information provided in this application will be used solely for evaluating eligibility for the Recreation Subsidy Program and will remain confidential unless the CVRD is required by Law to disclose it. If you need assistance to fill out this form please contact South Cowichan Recreation at 250-743-5922.

### 1. Applicant Information:

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
Address City Postal Code

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
# People in Household

### 2. Please list all family members who you are applying for as well as the program or activity you would like to participate in.

Name	Age	Birthdate	Program/Event ( <i>code if applicable</i> )
1.			
2.			
3.			
4.			
5.			
6.			

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3. Please provide proof of residency. A photocopy of your driver's license or BCID is required for each adult 18 and over, as well as a copy of a recent Hydro bill, cable bill, or landline telephone bill.
4. Please provide proof of household income by way of Tax Assessment (Line 150 on your Notice of Assessment) **or** proof of income by adjudicator declaration (see below).

### Adjudicator's Declaration:

An adjudicator must be familiar with the applicant's financial situation, as their signature verifies the need of the family. An adjudicator can be a social worker, a school principal or counselor, a healthcare professional, a priest/pastor, a lawyer, or notary public. Adjudicators other than those listed above will be considered if written documentation outlining the financial need of the applicant is attached.

\_\_\_\_\_  
Name of Adjudicator

\_\_\_\_\_  
Position

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

I agree that the household income of this applicant is such that they require financial assistance in order to receive recreation opportunities.

\_\_\_\_\_  
Adjudicator's Signature

\_\_\_\_\_  
Date

### Applicant's Declaration:

I, \_\_\_\_\_ (print name in full) hereby declare that all information provided in this application is true, complete and correct, and that:

- a. I am 18 years or older;
- b. I am a permanent resident within one of the areas mentioned on page one.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Completed applications and photocopies of documents can be dropped off in person or mailed to:

Kerry Park Recreation Centre  
PO Box 7  
1035 Shawnigan-Mill Bay Rd.  
Mill Bay, BC V8H 1A7

Shawnigan Lake Community Centre  
PO Box 37  
2804 Shawnigan Lake Rd.  
Shawnigan Lake, BC V8H 3B6