

Recreation Assistance Program Application Form

Cowichan Lake Recreation is committed to providing accessible and affordable recreation programs. Families living in the Cowichan Lake area are eligible to apply for the Recreation Assistance Program if their 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 Assistance Program and will remain confidential unless the CVRD is required by Law to disclose it.

| 1. | If you | f you need assistance filling out this form please contact Cowichan Lake Recreation at 250-749-6742. | | | | |
|----|---------|---|---------------------------|-----------------------|---|--|
| | Appli | cants Last Name: | First Name: | | | |
| | Addre | ess: | Postal Code: | | | |
| | Phon | ne: Cell: | # of people in household: | | | |
| | e-mail: | | | | | |
| 2. | Pleas | Please list all family members who you are applying for, as well as the program or activity you would vish to participate in. | | | | |
| | | Name | Age | Birthdate yy/mm/dd | Program/Event (code - if applicable) | |
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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, cable or landline telephone bill.

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4. Please provide proof of household income by way of Tax Assessment (Line 150 on your Notice of Assessment) or by adjudicator declaration (see below).

Adjudicator 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, school principal or counselor, healthcare professional, priest/pastor, 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 and Address: | | | | | | |
| Telephone: | Email: | | | | | |
| I agree that the household income of this applicant is such that they require financial assistance in order to partake in recreational opportunities. | | | | | | |
| Adjudicator's signature: | Date: | | | | | |
| Applicant's Declaration: I_ hereby declare that all information provided in this a | | | | | | |
| I am 18 years or older; I am a permanent resident within one of the areas mentioned on page one. | | | | | | |
| Applicant's signature: | Date: | | | | | |
| Completed applications and photocopies of docume | nts can be dropped off in person or mailed to: | | | | | |

Cowichan Lake Recreation PO Box 777 311 South Shore Rd Lake Cowichan BC V0R 2G0