## L.I.F.E. Leisure Involvement for Everyone

## L.I.F.E. APPLICATION FORM 2015 FOR RESIDENTS OF ESQUIMALT

eisurels

SECTION 1: PERSONA	AL INFORMA	TION									
1. PRIMARY APPLICA		BIRTHDATE:									
2. NAME of SPOUSE/ PARTI		BIRTHDATE:									
ADDRESS:			POSTAL CODE:								
HOME PHONE:		WORK PHONE:									
CELL PHO	E-MAIL:										
SECTION 2: L.I.F.E. PROGRAM MEMBERSHIP OPTIONS											
POST SECONDARY STUDENTS of UVic, Royal Roads & Camosun ARE NOT ELIGIBLE FOR THE LIFE PROGRAM											
HOUSEHOLD MEMBERS Please list all household members			BIRTHDATE		MEMBERSHIP OPTION (choose one)						
		AGE			52 Regiona & Program I	al Drop-In		<b>B</b> Esq. Drop-In ram Discounts*	<b>C</b> 50 % Off Annual Pass		
1.											
2.											
DEPENDAN	ITS										
3.											
4.											
5.											
6.											
To be eligible to participate in the L.I.F.E. Program, your combined gross household income must be below the following income levels:											
Statistics Canada Low Income Thresholds, 2013											
# IN HOUSEHOLD	1	2	3		4	5		6	7 or more		
INCOME UNDER	\$20,550			\$54,381							
L.I.F.E. cards will be cancelled if this information is discovered to be false. Random checks are done and L.I.F.E. participants will be asked to verify revenue based on Revenue Canada's most recent tax return. It is a serious offence to provide inaccurate information on this form.											
SECTION 3: PRIMARY APPLICANT CONSENT FORM											
If requested, I											
I declare all of the above information to be true to the best of my knowledge:											
SIGNATURE:					C	DATE:					
SECTION 4: DECLARATION OF GROSS FAMILY INCOME											
I,(DATE) (PRINT NAME) hereby declare on(DATE)											
that my combined gross family income is currently estimated at per year.											

\* Some programs may not apply

L.I.F.E. APPLICATIO	N FORM 2014 -	FOR RESIDENTS OF ESQUIMALT				
Who Is Eligible?	Residents of Esquimalt whose combined gross household income is below the Statistics Canac Low Income thresholds for 2013 (range on reverse). Applications must be processed locally (Esquimalt Recreation Centre), after which the 52 Drop-in Admissions may be used at any Municipal Recreation Centre in Greater Victoria. The annual pass option and the 52 Esquimalt Drop-in Admissions and program discounts are restricted to use at the Esquimalt Recreation Centre.					
How Do I Apply?	<ul> <li>Complete one application per household and drop it off with the reception staff at the Esquimalt Recreation Centre, 527 Fraser St, Victoria BC, 250-412-8500</li> <li>Bring current identification such as Care Card, BC ID, Drivers License.</li> <li>Bring current proof of residency, such as a utility bill or rental agreement.</li> <li>Bring proof of your gross annual household income, in the form of your 2013 or 2014 Notice of Assessment from Revenue Canada. To obtain a Notice of Assessment call 1-800-959-8281.</li> <li>L.I.F.E. cards will be issued to each member in each eligible household.</li> <li>L.I.F.E. cards are valid until Dec 31, 2015.</li> <li>Your L.I.F.E. application will be processed within 3 business days.</li> </ul>					
PERSONAL INFORM	ATION DECLAR	ATION AND PASS TERMS				
The information on this form is collected under the authority of the Municipal Act, Section 245. The information provided will be used to evaluate the effectiveness of the L.I.F.E. Program. If you have any questions about the collection and use of this information, please contact the Manager of Recreation with Esquimalt Parks & Recreation at 250-412-8500.						
By obtaining a L.I.F.E. Recreation pass, you agree to the sharing of your photo and contact information with the participating organizations for matters related to your pass. As a Pass holder, you agree to abide by the rules of the facilities where you participate. Be aware that your pass may be revoked if you do not follow the rules of the facilities and, as a result this, information will be shared with participating facilities. The ban from the facility may be extended to all participating facilities. The ban from the facility may be extended to all participating facilities. The personal information contained on this form is collected in accordance with the Freedom of Information and Protection of Privacy Act, and will only be used for the purpose for which it was collected.						
Name [please print]:						
Signature:						
(I acknowledge that I have read the above information and agree to its content)						
FOR OFFICE USE ONLY						
DATE APPLICATION RECEIVED:						
PROOF OF RESIDENCE SHOWN:						
PROOF OF INCOME SHOWN:						
REGISTERED IN CLASS:						
STAFF SIGNATURE:						
PATRON PICKED UP:						
\$5.00 REPLACEMENT FEE:						
Notes:						

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www.esquimalt.ca/recreation











www.fitinfitness.ca