

Westside Recreation Centre Fee Assistance

Everyone should have the opportunity to enjoy a healthy, active lifestyle. Westside Recreation Centre offers Fee Assistance to families, individuals and youth who are financially unable (not unwilling) to pay full membership or program fees.

Westside Recreation Centre is a public facility run by a charitable organization. Fee Assistance is funded through the kindness of donors and the Westside Regional Recreation Society.



Eligibility

To qualify for fee assistance, you must:

- Be a resident of Calgary, AND
- Have an income below current Statistics Canada Low Income guidelines. You are required to provide documentation that proves your household is below the low income level.

Household Size	Annual Taxable Income
1	\$24,949
2	\$31,061
3	\$38,185
4	\$46,362
5	\$52,583
6	\$59,304
7+	\$66,027

Who is Not Eligible for Fee Assistance?

- Families or individuals receiving subsidies at other recreation facilities or through similar programs
- Students attending post-secondary educational facilities and their family members

If approved, the amount of assistance depends on the number of children in the family, income level and household expenses.

Each family or individual will be required to contribute what they can afford.

Frequently Asked Questions

How does Westside determine eligibility for Fee Assistance?

Westside assesses information provided on your income, savings, investments, household size and expenses. Eligibility is determined using Statistics Canada's Low Income guidelines. You will be contacted once we've reviewed your application.

If I receive Fee Assistance, what is expected of me?

You must keep all information confidential, make payments on time, and use the facility regularly.

Can Westside deny my application for Fee Assistance?

Yes. Westside can only help a certain number of people each year. You may also be denied because your application is incomplete, you do not meet the required low income levels, fees are not paid on time, or you are not using the facility or programs often enough.

Do you offer free memberships or program registrations?

No. Everyone must pay a portion of membership or program fees.

Can I reapply for Fee Assistance each year?

No. Westside provides Fee Assistance only one time per family. Children, however, may qualify for program subsidies each year if needed. This policy allows us to help more individuals and families as our resources are limited.

Application Checklist

- Completed Application Form

All adults 18 years and older living in the household must provide copies of:

- Paystubs for at least the last 2 months
- AISH, Income Support
- Employment Insurance, Workers Compensation, Pensions, RRSP Income
- Any savings or investments, foreign or domestic
- Alimony, Child Support, Child Tax Benefit, GST Credit

Information about household expenses:

- Housing (rent or mortgage)
- Food (estimate)
- Utilities (receipts)
- Childcare (receipts)
- Transportation (transit pass or gas only)
- Medical Expenses (receipts)
- Other Household Expenses

Incomplete applications will NOT be processed.

****Please note that, as part of our review process, we will only communicate with the person applying for fee assistance****



FEE ASSISTANCE APPLICATION
Part 1 of 3

APPLICANT

Last Name	First Name	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow	DOB mm/dd/yy	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address (PO Box #'s not accepted)		City CALGARY	Postal Code	
Telephone (Home)	Telephone (Work or Cell)	Email		

SPOUSE/PARTNER

Last Name	First Name	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widow	DOB mm/dd/yy	<input type="checkbox"/> Male <input type="checkbox"/> Female
Residential Address (PO Box #'s not accepted)		City CALGARY	Postal Code	
Telephone (Home)	Telephone (Work or Cell)	Email		

DEPENDENT CHILDREN

Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School
Last Name	First Name	Relationship	DOB mmddyy	School

EMERGENCY CONTACT

Last Name	First Name	Relationship
Telephone (Home)	Telephone (Work)	Telephone (Cell)

WRRS OFFICE USE

Processed by	Date Processed
Subsidy Amount	Client Amount
Comments:	



FEE ASSISTANCE APPLICATION
Part 2 of 3

HOUSEHOLD INFORMATION

Total number in household: all persons living in the same dwelling and related by blood, marriage, common-law relationship or adoption.

Number of Adults 18Y and over, related by blood, marriage or common-law	Number of Children Under 18Y related by blood or adoption	Total Number in Household

INCOME

Source of Income	Total for ALL adults in the household per month	Clarification/comments	Documentation attached
Wages from employment (before deductions)	\$	Employer name(s): _____ _____	ONE of the following: <input type="checkbox"/> Paystubs for at least 2 months <input type="checkbox"/> Official signed letter from employer
Self-employment Income	\$		<input type="checkbox"/> Statements for 2 months
Employment Insurance	\$		<input type="checkbox"/> Statements for 2 months
Pension Income and/or RRSP Income	\$		<input type="checkbox"/> Statements for 2 months
Child support/Alimony	\$		<input type="checkbox"/> Copies of cheques/payments
Child Tax Benefit Canada National Child Benefit Child Disability Benefit Universal Childcare Benefit	\$		<input type="checkbox"/> Copies of cheques, or <input type="checkbox"/> Canada Revenue Agency notices
Worker's Compensation	\$		<input type="checkbox"/> Statements for 2 months
AISH	\$		<input type="checkbox"/> Copy of health benefits card, OR <input type="checkbox"/> Any document with full name and address showing you are receiving AISH
Income Support	\$		<input type="checkbox"/> Copy of health benefits card, OR <input type="checkbox"/> Any document with full name and address showing you are receiving Income Support
Student Loans, Grants or Scholarships	\$		<input type="checkbox"/> Current statements
Savings, foreign or domestic	\$		
Tips, rental income, interest from investments, or any other income	\$		
Total Gross Monthly Income for ALL adults in the household	\$		

If you are living below Low-Income Cutoffs and unable to provide documentation required, Westside may accept a letter from your social worker. Letters must be printed on letterhead, dated and signed by a Registered Social Worker, and must outline your financial position and your social worker's support for your application.



FEE ASSISTANCE APPLICATION
Part 3 of 3

EXPENSES

Expense	Amount per month	Detail	Documentation attached
Housing <input type="checkbox"/> Own your home <input type="checkbox"/> Rent <input type="checkbox"/> Other	\$		ONE of the following: <input type="checkbox"/> Receipts for at least 2 months <input type="checkbox"/> Official, signed letter from mortgage holder or landlord
Food	\$		
Medical Expenses	\$		<input type="checkbox"/> Receipts for ongoing expenses
Childcare	\$		<input type="checkbox"/> Receipts
Child support/Alimony payments	\$		<input type="checkbox"/> Receipts
Utilities	\$		<input type="checkbox"/> Receipts
Transportation (Transit or fuel only)	\$		<input type="checkbox"/> Transit pass receipts, OR <input type="checkbox"/> Fuel receipts
Other ongoing household expenses (Please specify)	\$		<input type="checkbox"/> Receipts
	\$		<input type="checkbox"/> Receipts
	\$		<input type="checkbox"/> Receipts
	\$		<input type="checkbox"/> Receipts
Total Monthly Household Expenses	\$		

ACKNOWLEDGEMENT & SIGNATURE

- I hereby request financial assistance from Westside Regional Recreation Society because I am unable, not unwilling, to pay the full fee to access Westside Recreation Centre's facilities, programs and services.
- I understand that, if approved, I have 30 days to activate a Westside membership. Failure to activate means I will be required to reapply for financial assistance.
- I understand that I am required to use my fee assistance to utilize Westside facilities and programs. Assistance can be cancelled if it is not used to an acceptable level.
- The information I have provided in this application and as part of the interview is correct and accurate to the best of my knowledge. If my financial circumstances change, I will notify Westside immediately.

Applicant Signature	Date
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Personal information on this form is collected and protected under the authority of the Freedom on Information, Protection of Privacy Act of Alberta, Section 33©.
This information will only be used for evaluation of eligibility and administration of Westside's Fee Assistance Program.

Applications must be complete with all supporting documents.
Incomplete applications will NOT be considered.