



AFFORDABLE ACCESS TO RECREATION & TRANSIT "ACCESS CARD" APPLICATION FORM

2020

NEW **RENEWAL** **Revision / Addition to card #**

This is an application for the Access Card only. Recreation Programs and/or Transit Passes applications must be made separately.

NAME OF APPLICANT

First Last Middle

DATE OF BIRTH

 Male Female

(MMDD YYYY)

ADDRESS

Street Apt # City Postal Code
Elliot Lake, ON P5A

Home Telephone Work Phone Cell Phone Email address

SPOUSE / PARTNER

Last, First Male Female Date of Birth (MMDD YYYY)

MEMBERS OF HOUSEHOLD

Name - Last, First	Sex	Relationship	Date of Birth (MMDD YYYY)
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____

PROOF OF HOUSEHOLD INCOME (Check all that apply for each Household Member)

- Notice of Assessment (Income Tax Return)**
- Social Assistance (Ontario Works)
- Ontario Disability Support Pension
- CPP Disability Pension
- Workers Compensation Benefits
- Letter from Social Agency

I, _____ have completed this application form for the Affordable Access to Recreation & Transit Policy "Access Card" and state that the information I have provided is true to the best of my knowledge. I agree to accept financial responsibility for the program(s) myself and my household are registered in should my application be denied. I understand that all privileges will be revoked if my application is found to be fraudulent.

Signature Date

Personal information on this form is collected pursuant to the City of Elliot Lake Affordable Access to Recreation & Transit Policy, the Municipal Act s.394 and the City of Elliot Lake by-law 10-14. The personal information will be used for the purpose of determining eligibility for financial assistance pursuant to the City's Affordable Access to Recreation & Transit Policy only. Questions about this collection of information can be made to the Policy representative.

Office Use Only

Applicant Driver's License Health Card Passport Other

Spouse/Partner Driver's License Health Card Passport Other

Children Birth Certificate Health Card Passport Other

Address verified: yes Financial Need verified: yes Level: 1 2 3

Approved: _____ Date: _____ Card# _____ 2020-