

Leisure Access and Ride Transit Programs

APPLICATION FORM

APPLICANTS - include spouse and dependants 17 and under in household (if applicable)

FIRST NAME	LAST NAME	POST-SECONDARY SCHOOL ENROLLED (if applicable)	RELATION TO APPLICANT	MEMBER BARCODE (if applicable)	DATE OF BIRTH MM/DD/YYYY
John Smith	smith		MAIN APPLICANT		04/25/1977
Mary	smith		Spouse		10/06/1978
Brady	smith		Child		07/12/2011

Additional family members to be written on a second application form

REQUIRED APPLICANT INFORMATION

Current Physical Address (including suite, unit or apartment #): 123 Street SE		Postal Code: T0A 4V6	Application: <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> New <input type="checkbox"/> Adding Members
Mailing Address (if different from physical address):		Postal Code:	Phone #: 780-555-1234
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated / Divorced* <input checked="" type="checkbox"/> Married / Common-law* <input type="checkbox"/> Widowed		Email Address: john.smith@gmail.com	
<p>*If your spouse / common-law partner does not live with you: Has your spouse ever been to Canada? <input type="checkbox"/> No <input type="checkbox"/> Yes Is your spouse living in long term custodial/medical care? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			
<p>Are you or anyone listed under Additional Family Members CURRENTLY enrolled full time in a post secondary school? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes; If yes, Please list the school name next to that family members name above.</p>			
<p>If yes, Do you have access to to any of the following amenities included in your tuition fees: Recreation Facilities: <input type="checkbox"/> Yes <input type="checkbox"/> No UPASS (Student bus pass) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Are any listed members of the household a Disabled Adult Transit Service (DATS) client? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, please list Client Number(s): 123456-789</p>			
<p>Are any listed members of the household a Canadian National Institute for the Blind (CNIB) cardholder? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list who: _____</p>			
<p>Please ensure all portions of the application are complete, all qualifying documents (income verification & dependant verification if applicable) are attached, and the back of this form is signed. See the Leisure Access & Ride Transit Program - Application Information for details.</p>			
<p>All applications to the Leisure Access & Ride Transit Programs are evaluated based on the household as defined by the Canada Revenue Agency. If you and your family/spouse have different approval terms, our office will require the whole family and/or both spouses to fully reapply to be re-evaluated for renewal.</p>			

Any appeals to declined applications must be received within 90 days of the date on the decline letter.

Do you want to explore options to improve your financial situation? This free and confidential service will connect you to information to help you reach financial security.
Call 780-496-2800, email communitywellness@edmonton.ca or visit edmonton.ca/empowermentprogram for more information.

SUBMITTING THE APPLICATION

Applications can be dropped off at the following locations:

- A City of Edmonton Recreation Centre or Attraction that is currently open - visit edmonton.ca/reccentres for list of open facilities and hours of operation.
- Edmonton Service Centre - Mail Drop Off, Edmonton Tower, 2nd Floor, 10111 104 Avenue NW. Monday - Friday; 8:00am - 4:30pm; Closed Holidays.

Applications can be mailed in through Canada Post to the following mailing address:

**Leisure Access & Ride Transit Program
PO Box 2359, Edmonton, AB T5J 2R7**

CONSENT

- I am the main applicant and it is my responsibility to inform all members of my household about the program and conditions of use. If any members have a current paid membership it will be their responsibility to withdraw/cancel it.
- I give the City of Edmonton my permission to check the information within this application for the purpose of assessing my application.
- The information I have provided in this application is true and complete.
- All applicants on this application live within the boundaries of the City of Edmonton and understand that moving outside of these boundaries negate all privileges of this program.
- If anyone in my household has a change of address, income, or school status, I will notify the program administration immediately.
- I understand misuse of the program privileges or misinformation provided on this application may result in a loss of privilege or penalty.
- If a spouse/common law partner was listed on this application I confirm that I have reviewed the terms and conditions with this individual and they have also agreed to these terms and conditions. If I am the guardian of the main applicant and signing on their behalf, then I will ensure to complete and include a Release of Information and Responsibility Form.
- I acknowledge that the postal code and date of birth for all dependents aged 17 and under on this application will be provided to the Canadian Tire Jumpstart Charity for the purpose of monitoring the amount of subsidy being provided to each child as part of the City of Edmonton and Canadian Tire Jumpstart Charity funding agreement.


MAIN APPLICANT / GUARDIAN SIGNATURE

06 / 11 / 2021
DATE (MM/DD/YYYY)

If you are a guardian, trustee or signing on behalf of a Child under Government Care, you must also submit the LAP - Release of Information and Responsibility form

Personal information is collected for the purpose of registration for the Leisure Access and Ride Transit Program Pass (recreation and transit) and will be used to administer program registrations, membership management, and pass sales for the City of Edmonton. Collection is authorized under section 33(c) of the Freedom of Information and Protection of Privacy (FOIP) Act and is managed and protected in accordance with the Act. Aggregate data will be used for program planning and evaluation. Postal code and date of birth for dependents aged 17 and younger will be provided aggregated to Canadian Tire Jumpstart Charity for the purpose of monitoring subsidy amounts being provided as part of the funding agreement. If you have questions about the collection, please contact the Program Administrator, Edmonton Tower, 10111-104 Ave Edmonton, (780)496-4918.

For Office Use Only

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|---|--|-------------------------------------|---|---|------------------------------------|
| <input type="checkbox"/> LAP Annual | <input type="checkbox"/> Ride Basic | <input type="checkbox"/> NOA | <input type="checkbox"/> EI/CERB/CRB | Approved By:

Entered By:

Expiry Date: | |
| <input type="checkbox"/> LAP 2 Year | <input type="checkbox"/> Ride Basic 2 Year | <input type="checkbox"/> AISH | <input type="checkbox"/> CPP | | |
| <input type="checkbox"/> LAP+ | <input type="checkbox"/> Ride + | <input type="checkbox"/> PR/Refugee | <input type="checkbox"/> Income Support | | |
| <input type="checkbox"/> LAP Monthly | <input type="checkbox"/> Ride Lite | <input type="checkbox"/> CUGC | <input type="checkbox"/> 4MPS Basic | | |
| | | | | <input type="checkbox"/> 4MPS + | <input type="checkbox"/> 4MPS Lite |
| <input type="checkbox"/> Not Approved - LAP <input type="checkbox"/> Not Approved - Ride | | | | | |
| <input type="checkbox"/> Over Income Threshold <input type="checkbox"/> Student <input type="checkbox"/> Out of Town <input type="checkbox"/> Senior/Child <input type="checkbox"/> CNIBCard <input type="checkbox"/> Visa/Permit | | | | | |