

## LEISURE ECONOMIC ACCESS POLICY (LEAP) APPLICATION FORM

The L.E.A.P. program is designed for low income individuals and family members living in the City of Nanaimo and the surrounding area, including Electoral Areas A (*Cranberry, Cedar, South Wellington*), B (*Gabriola Island*), and C (*Extensions, East Wellington*). Please fill in the application and take it in to any City of Nanaimo Parks, Recreation & Culture Department (*BEBAN PARK, NANAIMO AQUATIC CENTRE, OLIVER WOODS COMMUNITY CENTRE, BOWEN PARK, NANAIMO ICE CENTRE*)

### STEP 1 OF 3: LIST ALL FAMILY MEMBERS

LAST NAME	FIRST NAME	M/F	DATE OF BIRTH (DD/MM/YY)	Office Use - Required Information			
				Photo ID	Child Tax Benefits	Proof of Nanaimo Residency	Proof of Financial Assistance
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

- Persons still living at the household who are 19 years and older are not considered a dependent
- Post-secondary students are not eligible

### STEP 2 OF 3: CHOOSE ONE OF THE FOLLOWING 3 OPTIONS...

**OPTION 1: INCOME BASED ON PREVIOUS YEAR TAXES MUST BE NANAIMO AREA RESIDENTS**

For this option, all applicants must bring with them, the completed application form and:

- Adults must provide Photo ID and Income Tax Notice of Assessment for the previous year
- Current Child Tax Benefit form for all dependents listed  
*(A copy of your Child Tax Credit statement can be obtained by calling Child Tax Information at 1-800-387-1193)*
- Proof of residency – Updated Photo ID OR rent receipt OR a utility bill (hydro, phone, etc.)

**Expect 3 to 5 business days for processing**

Adult #1 – Line 150 Notice of Assessment	\$
Adult #2 – Line 150 Notice of Assessment	\$
Child Tax Benefits (1 month x 12 for yearly total)	\$
<b>All other income (Investment, Band Income, etc.)</b>	\$

**Total Yearly Gross Household Income:**

Number in Household	1	2	3	4	5	6	7
<b>Gross Household Income</b> <small>updated in 2011</small>	\$19,976	\$25,123	\$30,541	\$36,761	\$42,992	\$48,105	\$53,218



**OPTION 2: PROOF OF PROVINCIAL FINANCIAL ASSISTANCE**

**MUST BE NANAIMO AREA RESIDENTS**

All applicants must bring with them, the completed application form and:

- Adults must show Photo ID
- Birth Certificate *or* Care Card *or* Child Tax Benefit Notice must be provided for all dependents
- Proof of residency – Updated Photo ID OR rent receipt OR a bill (hydro, phone, etc.)

If you receive one of the following:

- Provincial Income Assistance – Please show cheque stub with your name on it
- Ministry Transit Pass with your name on it
- BC Seniors Supplement

✓ CHECK ONE and bring your original document and this completed form

**OPTION 3: MINISTRY APPROVAL**

**MUST BE NANAIMO AREA RESIDENTS**

All applicants must bring with them, the completed application form and:

- Adults must show Photo ID
- Birth Certificate *or* Care Card *or* Child Tax Benefit Notice must be provided for all dependents
- Proof of residency – Updated Photo ID OR rent receipt OR a bill (hydro, phone, etc.)

**Social Worker: THIS APPLICANT/FAMILY IS KNOWN TO ME, AND I VERIFY THAT:**

- They are residents of the City of Nanaimo and have \_\_\_\_ total approved family members
- Total household income is within the allowable limits

Ensure the front of this form has been completed prior to stamping \_\_\_\_ Initial



Print Staff/Social Worker Name: \_\_\_\_\_

Staff/Social Worker Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Office Location: \_\_\_\_\_

**STEP 3 OF 3: SIGNATURE OF CONSENT AND BRING IN FORM**

I \_\_\_\_\_ (*Print Name*) declare that the information contained on this form is true and correct to the best of my knowledge. If requested, I agree to meet with a representative of the City of Nanaimo and will provide financial information that is required. Memberships will be cancelled if information is incorrect or unavailable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL LEAP PASSES ARE VALID FOR 1 YEAR ONLY FROM DATE OF ISSUE** \_\_\_\_Initial

THIS FORM WILL EXPIRE 30 DAYS FROM DATE SIGNED  
BRING IN YOUR COMPLETED DOCUMENTATION TO THE FRONT DESK AT ANY OF THE FOLLOWING  
CITY OF NANAIMO RECREATION CENTRES: (***BEBAN PARK, NANAIMO AQUATIC CENTRE,  
OLIVER WOODS COMMUNITY CENTRE, BOWEN PARK, NANAIMO ICE CENTRE***)

**Freedom of Information and Protection of Privacy Act Statement:** Information collected on this form, or provided with this form, is collected under the general authority of the *Community Charter* and the *Freedom of Information and Protection of Privacy Act*, and is protected in accordance with the *Act*. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, uses, or disclosure of personal information by the City of Nanaimo, please contact the Legislative Services Department at 250-755-4405.

Do you have any questions about applying for the L.E.A.P. Program or completing the form?  
Please call 250-756-5200 for more information.

**OFFICE USE ONLY**

Processed at:	Processed by:	Date:
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