

Drum Life Pass

Please complete this application and return to the Town Hall between 8:00 a.m. and 4:30 p.m. at 224 Center Street, Drumheller, AB T0J 0Y4. Alternatively, you can apply online at: [Affordability & Assistance: Town of Drumheller](https://www.drumheller.ca/live/community-programs-events/affordability-assistance) - <https://www.drumheller.ca/live/community-programs-events/affordability-assistance>. If you have any questions or concerns filling out this form please contact the Community & Corporate Services Administrative Assistant at: 403.823.1324 or CDSP@Drumheller.ca.

Program runs on the Calendar Year (January – December). You must reapply each year for this program. Applications for the next calendar year will be available in December each year.

A. Proof of Eligibility Recipients of the Drum Life Pass must be:

- residents of Drumheller – Starland County for subsidized counselling program;
- be a Canadian citizen, permanent resident, or have a closed work permit;
- and have an annual income below the income threshold.

Proof of residency can be provided by (minimum of one):

- ☐ Driver's license
 ☐ Financial information (*copy of bill with your name/address*)

☐ Lease agreement

Citizenship/Residency Status (select one):

- ☐ Canadian Citizen
 ☐ Closed Work Permit
 ☐ Permanent Resident

Household (select all that apply):

- ☐ Single
 ☐ Married/Common Law
 ☐ with children

Proof of income must be provided for all adult household members. Preferred sources being:

- ☐ Notice of Assessment showing line 23600 net income issued by Canada Revenue Agency

☐ AISH Health Benefits Card *or other provincial government issued document showing that you are currently receiving AISH*

☐ Government documentation showing income support: *Alberta Works, Alberta Seniors Benefits*

B. Applicant must be aged 18+ (Please print)

First Name: _____ Last Name: _____

Address: _____ Date of Birth: _____

City: _____ Province: _____ Postal Code: _____

Email: _____ Phone #: _____

C. Additional Family Information (Please list all family members included in this application.)

Name	Relationship	Date of Birth (MM/DD/YYYY)

D. I would like to apply for the following programs (select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Recreation Fee Assistance Program | <input type="checkbox"/> Hot Meals (55+) |
| <input type="checkbox"/> Counselling Subsidy | <input type="checkbox"/> Home Support (55+) |
| <input type="checkbox"/> Volunteer Tax Program | <input type="checkbox"/> Older Adult Program subsidy (55+) |

E. If approved, select which form of Recreational Facility membership you would like your discount applied to:

	Single Facility (Aquaplex OR Badlands Community Facility)	Multi Facility (Aquaplex, Memorial Arena AND Badlands Community Facility)
Youth (6-17)	<input type="checkbox"/> \$30.20*	<input type="checkbox"/> \$42.00*
Adult (18-59)	<input type="checkbox"/> \$46.20*	<input type="checkbox"/> \$59.30*
Family	<input type="checkbox"/> \$86.10*	<input type="checkbox"/> \$107.60*
Senior (60+)	<input type="checkbox"/> \$30.20*	<input type="checkbox"/> \$42.00*

*This the regular monthly cost and does not account for 50% or 90% discount based on application approval.

F. Net Total Household Income (add up your line 23600s)

Adult Household Members	AISH, Alberta Works, or Sr's Benefit?	Income (line 23600 of Notice of Assessment)
	TOTAL	

G. Signature - In signing I guarantee the above information provided is complete and true to the best of my knowledge.

Applicant Signature: _____ Date: _____

- ☐ I would like to receive e-mails regarding the available programs with The Town of Drumheller

Administration Use

Supporting documents reviewed: ☐ Yes ☐ No Date: _____ Initials: _____

Application approved: ☐ 90% ☐ 50% ☐ Not approved Date: _____

Counselling approved: ☐ 90% ☐ 50% ☐ Not approved Date: _____

Reason for Not Approved: _____

Which programs approved?

- | | |
|--|--|
| <input type="checkbox"/> Recreation Fee Assistance Program | <input type="checkbox"/> Volunteer Tax Program |
| <input type="checkbox"/> Counselling Subsidy | <input type="checkbox"/> Home Support (55+) |
| <input type="checkbox"/> Older Adult Program subsidy (55+) | <input type="checkbox"/> Hot Meals (55+) |

Recreation Fee Assistance Income Thresholds (2023)			Community Counselling Assistance Income Thresholds (2022)			
	Full Benefits (90% & \$200.00 credit)	Partial Benefits (50% & \$100.00 credit)		Full Benefits (90% discount)	Partial Benefit (50% discount)	Ineligible (as income too high)
Single Person	up to \$38,500	up to \$44,000	Single person	Up to \$35,000	\$35,001-\$70,000	\$70,001+
Household with 2+ People	up to \$51,000	up to \$63,000	Family (2+ people)	Up to \$60,000	\$60,001-\$90,000	\$90,001+

Signature: _____ Renewal date: _____ Date client advised of approval: _____