Community Services Department Fee Assistance Program

What is it?

The Fee Assistance Program is made possible by generous community donations and is available only if funds are available. The goal is to reduce barriers for residents wanting to participate in local programs and events (e.g., Fall Festival). Programs or events involving alcohol are excluded. The program can cover full or partial fees for programs or events within the Town of Penhold, though some exceptions may apply.

Who Can Apply?

- Must be a resident of the Town of Penhold.
- Eligibility includes low-income residents, those who are unemployed, on AISH, or currently receiving income support from the provincial government. Applications are assessed using the Low Income Cut-Off Table below and the documents listed in the 'Checklist.'
- The program is open to all ages. For children aged 0-17 years old, parents or guardians must complete the application.

When Can I Apply?

Applications can be made at any time **before the programs has started** and will be reviewed by the Community Services Department. Applicants will be notified of the decision soon after. Most completed application processing times will be 1 – 2 weeks depending on when it was received.

An individual/family can apply every 3 months to a maximum of $200/year/single person and $400/year/family.

How are the Funds Given?

Funds will be given directly to the program on behalf of the applicant. We encourage applicants to cover any affordable portion of the program fee.

**Note if the participant does not attend the program, future applications may be affected.

Please complete the following application form and return in a sealed envelope to:

Town of Penhold
Community Services Department Fee Assistance Program
Box 10
Penhold, AB
T0M 1R0

Or in person or the afterhours drop box at #1 Waskasoo Ave. (Town Office).

Low Income Cut-Off Table

Size of Family

1 person	$29,380
2 people	$36,576
3 people	$44,966
4 people	$54,594

5 people	$59,728
6 people	$69,834
7 people	$77,750

**More than 7 people, for each additional person, add $7,916

A. Applicant Information

Date of Application: _____

Applicant's Full Name: _____

Complete Mailing Address: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

B. Confidential Financial Information

Print the number of adults in your household that are described by each of the following:

Employed Full -time _____

Employed Part-time _____

Maternity Leave _____

Student _____

Receiving Financial Aid _____

Unemployed _____

Self-employed _____

Please complete the following information based on your most recent income tax return(s) and attach photocopies of the most recent Canada Revenue Agency Notice of Assessment for each adult.

	Total Income as per Line 150 of your tax return
Wage Earner #1 Income	$
Wage Earner #2 Income (If Applicable)	$
Additional Income (If Applicable)	$
Total	$

Number of Family Members: _____

Are there any special circumstances other than the above information that you would like us to know about?

_____

_____

_____

C. Program Information

Participant's Name		Age of Participant
Name of Program or Event	Check Organizer of Program or Event: □ Town of Penhold □ Other (please describe):	
Cost of the Program	Amount of Funding Requested	Amount You Can Contribute (circle one) 75% 50% 25% 0%

If more than one participant please add them on another piece of paper.

D. Signature

How did you hear about the Fee Assistance Program? _____

I hereby certify that the above information I have provided is complete and true and that I am a resident of Penhold. I understand that any incomplete or unsigned applications will be returned, unprocessed and will have to be resubmitted.

_____ _____

Parent or Guardian's Signature **Date (YYYY-MM-DD)**

Checklist of Needed Items

- ☐ Completed application form
- ☐ Most recent Notice of Assessment
- ☐ Photocopy of current paystub or statement for all adults
- ☐ All the above things placed in a sealed envelope addressed and marked **confidential**

Privacy statement: The information collected on this form is for the sole purpose of processing your application. The Town of Penhold agrees that all information is protected by the provisions of the FOIP (Freedom of Information and Privacy) Act and will be kept confidential and only used for the purpose of registration, administration and evaluation of the program. If you have any questions about this collection, please contact:

Town of Penhold – Community Services Department
By email: fcss@townofpenhold.ca
By phone: 403-886-4567

For office use only:

Date Application Received: _____
Application Approved/ Not Approved: _____
Reason for Non Approval: _____
Amount of Funding Approved: