



## Community Services Department Fee Assistance Program

### What is it?

The Fee Assistance Program is available thanks to generous community donations. The goal is to bring down barriers for residents wanting to participate in local programming and events (i.e. Fall Festival). The program will pay for full or partial fees for programs or events located in the Town of Penhold, some exceptions may be considered.

### Who Can Apply?

- Must be a resident of the Town of Penhold.
- Residents that are low income, unemployed, on AISH, currently receiving income support through the provincial government are all eligible. Applications are assessed using the Low Income Cut-Off Table below and documents listed in the 'Checklist.'
- Open to all ages - parents must fill out application for children ages 0-17 years old.

### 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.

**A person can apply every 3 months to a maximum of \$200/ year**

### 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	\$24,328
2 people	\$30,286
3 people	\$37,234
4 people	\$45,206

5 people	\$51,272
6 people	\$57,826
7 people	\$64,381

\*\*More than 7 people, for each additional person, add \$6,555



**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	_____	Receiving Financial Aid	_____
Employed Part-time	_____	Unemployed	_____
Maternity Leave	_____	Self-employed	_____
Student	_____		

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: <input type="checkbox"/> Town of Penhold <input type="checkbox"/> 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. Once your application has been processed all documentation will be destroyed. 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](mailto:fcss@townofpenhold.ca) or [jamies@townofpenhold.ca](mailto:jamies@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: \_\_\_\_\_