

**SEAPARC LEISURE COMPLEX**

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Email: [seaparc@crd.bc.ca](mailto:seaparc@crd.bc.ca) Website: [www.seaparc.ca](http://www.seaparc.ca)**L.I.F.E. APPLICATION****FOR SOOKE & ELECTORAL AREA RESIDENTS ONLY.****ALL APPLICANTS MUST BE CANADIAN CITIZENS.****This application form must be completed in full and be accompanied by proper identification and proof of income. See reverse for further information.**Name of applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M  F Name of spouse/partner: \_\_\_\_\_ Birthdate: \_\_\_\_\_ M  F 

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Area:  Sooke  East Sooke  Otter Point  Jordan River  Port Renfrew  Shirley

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ Email: \_\_\_\_\_

Dependent Name	M/F	Age	Birthdate MM/DD/YY	Identification verified (initials)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

You are eligible for the L.I.F.E program when you are a Canadian citizen residing in the Sooke & Electoral Area and when your **combined gross family income** is below the Statistics Canada Low Income Cut Off levels.

**INCOME DECLARATION:**

What are your household's income sources? Please check ALL applicable boxes.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Employment                    | <input type="checkbox"/> Employment Insurance  | <input type="checkbox"/> Disability Pension |
| <input type="checkbox"/> Personal Business             | <input type="checkbox"/> Government Assistance | <input type="checkbox"/> Rental Income      |
| <input type="checkbox"/> Spousal/Child Maintenance     | <input type="checkbox"/> Canada Pension Plan   | <input type="checkbox"/> Investment Income  |
| <input type="checkbox"/> Exchange Student Allowance    | <input type="checkbox"/> Student Loans         |   |
| <input type="checkbox"/> Other: (please specify) _____ |  |   |

I \_\_\_\_\_ (print name) consent to SEAPARC disclosing the personal information contained in this application form to the Greater Victoria Municipal Recreation Departments, which also offer the L.I.F.E program for the purpose of preventing abuses of the program.

Please list total gross income for each adult household member (before tax) and provide a photocopy of the latest Notice of Assessment from Revenue Canada for each adult living in the household. Enrollment in the L.I.F.E. program will be cancelled if information provided is discovered to be false. It is a serious offence to provide inaccurate information on this form.

**Adult #1** Total Gross Income: \_\_\_\_\_ **Adult #2** Total Gross Income: \_\_\_\_\_**Total** Combined Family Income: \_\_\_\_\_

I declare that the information that I have given on this application to be true to the best of my knowledge.

Name: (print) \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

