



App#:

RECREATION ASSISTANCE APPLICATION FORM

NAME:	PHONE #1:
ADDRESS:	PHONE #2:

CITY:	Date of Birth:
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List Family Members Living With You	RELATIONSHIP	D.O.B.
1.		
2.		
3.		
4.		
5.		
6.		

Do you meet the following criteria?:

1. Are you a Whistler Resident? (Have you resided in Whistler for 3 months?)	And	2. Are you exempt from paying M.S.P. Premium?
	Or	3. Do you receive the B.C. Senior's Supplement?
	Or	4. Does your Gross Family Income fall at below the following levels?
	Or	

Family Size	Income Level
One (Single)	\$22,619
Two	\$28,273
Three	\$35,164
Four	\$42,565
Five	\$47,581
Six	\$52,596

Or Other: (i.e.: injury, illness, disability) please explain:

I hereby declare that all the above information is true:

Signature: _____ Date: _____
 Whistler Community Services Society Coordinator:

Signature: _____ Date: _____

TOTAL CREDIT GRANTED:			
Date:	Credit Applied for:	Amount Applied For:	Remaining:

For Office Use Only
 Reviewed by Rec. Dept: _____ Date Received: _____
 Input into RecWare: _____ Active Date: _____

