

Application Form

PRIMARY APPLICATION INFORMATION

Applicant Name:
Address:
Email Address:
Phone Number:

Birth date:

City:

Postal Code:

Marital Status:

☐ Single

☐ Married

☐ Separated/Divorced

☐ Common-Law

☐ Widowed

PRIMARY APPLICATION INFORMATION

Family Members (Please include Applicant)	Birth date:	Age:	Relationship to Applicant:

Family members must live within the same household. Family membership includes 2 adults over the age of 18, and those under 18 that live within their household.

FACILITY PASS OR MEMBERSHIP

Approved applicants will receive 60% off of their chosen annual membership or monthly facility pass.

Choose one of the following.

FACILITY PASS (30 days)			
Adult	Family	Senior	Youth

MEMBERSHIP (Annual)			
Adult	Family	Senior	Youth

SELF DECLARATION & CONSENT

To be eligible for participation in the program, gross household income must be no greater than the following income ranges. Proof of combined income will be required in circumstances for married/common-law settings.

Size of Family Unit	1	2	3	4	5	6	7 or more persons
Income	\$33,965.39	\$42,282.90	\$51,981.40	\$63,114.36	\$71,582.62	\$80,734.06	\$89,885.51

I hereby declare that my income (or combined income of married/common law)
per year is currently estimated at: \$

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I declare that all the above information be true to my best of knowledge.

If a spouse/common law partner was listed on this application, I confirm that I have reviewed the terms and conditions with this individual and they also agree to the terms and conditions.

Proof of Income or Combined Income For All Adults

Proof of Residency

Email Consent:

I would like to receive emails regarding other affordable community programs: ☐ Yes ☐ No

Date _____

Please email completed forms to our Guest Services Team at: guestservices@keyano.ca

Application Received on:		Benefit received:	
Approved on:		Benefit started:	
Approved by:		Benefit expires:	

Reason for not approving (if applicable):