



FINANCIAL ASSISTANCE Application Form 2025

DATE RECEIVED

CLERKS NAME

(Please submit one application per person/family)

Parent(s)/Guardian(s)/Designate(s):

Last Name	First Name	Phone	Birth Date
Last Name	First Name	Phone	Birth Date
Address (Apt. #, Street)			Postal Code

Children's Name(s) and Birthdate(s):

Children's Name(s)		Birth Date M/D/Y	Gender M/F	Children's Name(s)		Birth Date M/D/Y	Gender M/F
Last Name	First Name			Last Name	First Name		

How did you hear about the Financial Assistance Program? _____

You are eligible to receive a Powell River Recreation Access Membership of 52 visits per family member to swimming, skating, gym or fitness classes, when your combined gross family

Stats Can Low-Income Cut-Offs 2024

# in Household	1	2	3	4	5	6	7 or more
Income under	27,352	38,682	47,375	54,704	61,161	66,998	72,367
Check qualifying box	☐	☐	☐	☐	☐	☐	☐

Financial Assistance program runs from date of registered membership for 1 year - therefore assistance must be used during this time period.

The following documentation is required once per year:

PROVIDE COPIES OF:

- ☐ Proof of Residency Copy of Government ID
- ☐ Income Tax Notice of Assessment

Please note:

Any personal information that is collected on this form will be managed in accordance with the Freedom of Information and Protection of Privacy Act. Direct enquiries, questions, or concerns regarding the collection, use, disclosure, or safeguarding of personal information associated with this form to: Freedom of Information and Protection of Privacy Coordinator, Legislative Services 20338 - 65 Avenue, Langley BC, V2Y 3J1 or phone 604 533-6004.

DATE: _____

SIGNATURE: _____

Parent/Guardian/Designate

Administrative Use:

APPROVED

DENIED