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| APPLICANT NAME: | | BIRTH DATE: Must be 18 or older |
| ADDRESS: (must show proof of residence in the Town of Peace River) | | |
| PREFERRED CONTACT: (phone or e-mail) | ALTERNATE CONTACT: (phone or e-mail) | |
| We are unable to contact you by text. | | |

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| ELIGIBILITY CRITERIA Please check one: | Incomplete applications, or applications without required documentation will not be processed. |
| <input type="checkbox"/> Registered Student at Northern Lakes College ○ Must provide proof of enrolment. Valid for duration of enrolment only. | |
| <input type="checkbox"/> Family Annual Income Level is below \$25,000 for a single or double income family. ○ Must provide a copy of your current Notice of Assessment from the Canada Revenue Agency for <u>you and your partner</u> ○ Will be reassessed annually | |
| <input type="checkbox"/> Individual Annual Income Level is below \$15,000 for a single income household, with no children. ○ Must provide your current Notice of Assessment from the Canada Revenue Agency ○ Will be reassessed annually | |
| <input type="checkbox"/> Senior age 65 and over. ○ Must provide proof of age | |
| <input type="checkbox"/> AISH (Assured Income for the Severely Handicapped) recipient ○ Must provide AISH benefit card | |

FOR MORE INFORMATION PLEASE VISIT WWW.PEACERIVER.CA/TAXI

X

Applicant Signature

Date

IF YOU CANNOT PROVIDE A NOTICE OF ASSESSMENT this section can be completed by a referring agency on your behalf.

Referrals must be through a community agency and CANNOT be family, a friend or employer.

Examples of referring agencies: Alberta Works, Women's Shelter, Sagitawa Friendship Centre, etc.

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|---|-----------------------|
| Name and title of person making the referral: | Agency: |
| Phone Number: | Email address: |
| By signing below, I verify that the information in this form is correct and that my client meets the eligibility requirements for the category indicated. PLEASE ENSURE THE APPROPRIATE CRITERIA IS INDICATED ON THE FRONT OF THIS FORM. | |
| Signature: | Date: |

**PLEASE ALLOW 5 WORKING DAYS FOR THE APPLICATION TO BE PROCESSED.
YOU WILL BE CONTACTED ONCE COMPLETED.**

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|---|---|---|
| For Office Use Only: | Documentation verified by staff: | |
| | Type: | |
| | Staff Initial: | |
| Application Approved <input type="checkbox"/> | Expires: | Application Declined <input type="checkbox"/> |
| | <input type="checkbox"/> Permanent | |
| | <input type="checkbox"/> Annual | |
| | <input type="checkbox"/> Other: | |
| Reason for declining applicant: | | |
| Community Services Representative Signature: | | Date: |

Applicant Contacted:

Added to Client List:

The information on this form is being collected in accordance with the Freedom of Information and Protection of Privacy Act (FOIP) for the purpose of the Town of Peace River Taxi Pass program application. This information is protected by the privacy provisions of the FOIP Act.
If you have any questions about the collection or use of this information, please contact the FOIP Coordinator at 780-624-2574.