



LIFT PILOT PROGRAM APPLICATION

CONTACT INFORMATION – Primary Applicant

Name:			
First	Last		
Address:			
Unit/Number	Street	City	Postal Code
Phone:		Alternate Phone:	
Date of Birth:		Email:	
MM/ DD/ YYYY			

Is an individual accessing housing support through one of the following agencies: Centre of Hope, Salvation Army, Wood Buffalo Wellness Society, Waypoints or YMCA? __Yes __ No

****If yes, Complete the self-declaration section and submit the application**

HOUSEHOLD INFORMATION

	First Name	Last Name	Relationship to Applicant	Date of Birth MM/DD/YYYY	Total Annual Income Before Tax*	Type of Supporting Document**
1	Applicant					
2						
3						
4						
5						
6						
7						
Total Household Income						
Office Use Only		Total household members		Qualifying Total		



*If submitting a Canada Revenue Agency Notice of Assessment, copy the amount shown on Line 15000 for all members of the household 18 years or older. If you are submitting another approved document from the list below, please leave this column blank

**Please provide a copy of one of the following documents for each member of the household age 18 years or older. Please do not submit originals:

- Current “Notice of Assessment” or “Notice of Reassessment” from Canada Revenue Agency showing total income.
- Assured Income for Severely Handicapped (AISH) form indicating eligibility period.
- Alberta Works – Income Support form indicating eligibility period.
- Alberta Works – Alberta Health Benefit or Statement of Income Support form indicating eligibility period.
- Resettlement Assistance Program or Refugee Protection Claimant Document (RPCD)
- Registered Social Worker (RSW)/Agency referral letter. The letter must be issued within the last 30 days and list all household members. A referral letter is accepted only if other documents are unavailable.

DECLARATION

I, _____ declare that:

Print Applicant Name

1. I am the main applicant, and I am responsible for informing all members of my household about the program and conditions of use.
2. I give the Regional Municipality of Wood Buffalo my permission to verify the information provided in this application and contact me for matters pertaining to this application.
3. The information I have provided is true.
4. Misuse of the program or misinformation provided on this application will result in a loss of privileges.
5. The LIFT pass is for the sole use of the registered applicants and is not transferable.
6. I would like to receive emails regarding other affordable community programs: **__Yes__ No**

Signature of applicant

Date (MM/DD/YYYY)

You will be contacted to confirm your eligibility within the program and provided instructions on where to receive your monthly LIFT pass within 7-10 business days.





Personal Information Declaration

Personal information is collected for the purpose of administering the Low-Income Fare Transit (LIFT) program. This information has been collected in accordance with Sections 33(C) and 34(1)(k) of the Freedom of Information Act (FOIP), as amended from time to time, for the purpose of evaluating eligibility and implementation of the LIFT program. Personal information is shared with external parties such as the Government of Alberta as required to administer the program. If you choose to apply in person in Fort McKay, personal information may be shared with Fort McKay Métis to assist in administering the program where a municipal office is unavailable. Your privacy is protected by the provisions of the FOIP Act. If you have any concerns regarding the collection or use of your personal information, please send your concerns to Pulse@rmwb.ca or contact the PULSE line at 780-743-7000.

FOR OFFICE USE ONLY	
Application Received _____ MM/DD/YYYY	Application Reviewed _____ MM/DD/YYYY
___ Approved	Application ID _____
___ Declined	Staff Signature _____

