

Please review the information available on [Calgary.ca/fairentry](https://calgary.ca/fairentry) before completing your application.

Do you live in Calgary? ☐ Yes ☐ No

(You must live in Calgary to receive these benefits. If you do not live within Calgary City limits, do not complete this application. Call 211 to find out what services are available to you in your location).

Section 1: Program(s) I am interested in (*Indicates a mandatory field)

1.1 Let us know which program(s) you are interested in by checking the box of the program(s) below*

- ☐ Recreation Fee Assistance
- ☐ Calgary Transit Low Income Monthly Transit Pass (Adult or Youth)
- ☐ Calgary Transit Low Income Annual Transit Pass (Senior)
- ☐ Seniors Services Home Maintenance for those 65 and older
(*Personal Health Number is required for the eldest senior only*)
- ☐ No Cost Spay or Neuter Program for your cat
- ☐ Property Tax Assistance Program for homeowners
- ☐ Calgary Parking Low-Income Market Permit
- ☐ High-Speed Low-Cost Internet and other telecom services
- ☐ Calgary Parking Impound Storage Support

SAMS ID Number
(for office use only)

Section 2: Personal Information (*Indicates a mandatory field)

2.1 APPLICANT INFORMATION	First Name*	Middle Initial	Last Name*
	Preferred Name		Date of Birth* (YYYY-MM-DD)
2.2 SPOUSE INFORMATION	First Name**	Middle Initial	Last Name**
	Preferred Name		Date of Birth** (YYYY-MM-DD)
2.3 CONTACT INFORMATION RESIDENTIAL ADDRESS	Address* (Unit #, Street #, Street Name, City)		Postal Code*
MAILING ADDRESS (If different from above)	Address* (Unit #, Street #, Street Name, City)		Postal Code*
Email address (please print clearly)		Phone Number*	Alternate Phone Number

**Required information if applying to Seniors Services Home Maintenance program.

Section 3: Alternate Contact

3.1 You can provide an alternate contact and we can communicate with them if you would prefer.

First Name	Last Name	Email Address	Phone Number	Relationship to Applicant

Section 4: Seniors Services Home Maintenance Program Only

4.1 Personal Health Number of eldest applicant: _____ - _____

IF SENIORS SERVICES HOME MAINTENANCE PROGRAM IS THE ONLY SUBSIDY PROGRAM YOU ARE APPLYING TO, PROCEED TO SECTION 11 TO SIGN YOUR APPLICATION, OTHERWISE PLEASE CONTINUE WITH SECTION 5.

Section 5: Other family members' Information. A family means anyone living at the same address related by blood, marriage, common-law or adoption (including children). This is needed if anyone is using a Notice of Assessment or applying to Property Tax Assistance, No Cost Spay/Neuter or Telecom.

	First Name	Middle Initial	Last Name	Preferred Name	Date of Birth* (YYYY-MM-DD)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Section 6: Property Tax Assistance Program Customers Only

Please Note: You must be a homeowner to apply for this program. If you are not a homeowner, you cannot apply for this program.

6.1 Do you own only one property?

☐ Yes ☐ No

Section 7: Calgary Transit Customers Only

7.1 Calgary Transit Access ID (if applicable) _____

7.2 Approved Pick-ups

Any household member and/or approved pick-ups outside the household (limit 2), must present their **own** photo ID at time of purchase to pick up your transit pass.

First Name	Last Name	Agency Name (if applicable)	Phone Number

Section 8: No Cost Spay/Neuter Program Only

8.1 If you are applying to the No Cost Spay/Neuter program for your pet, do you have a valid pet license?

☐ Yes ☐ No

Section 9: Calgary Parking Low-Income Market Permit Program and/or Impound Storage Support Programs Only

9.1 If you are applying to the Calgary Parking Low-Income Market Permit and/or Impound Storage Support Programs, please identify the person in your household who is the registered vehicle owner applying to either or both of these programs.

	First Name	Last Name	Preferred Name	Market Permit or Impound Storage Support
1.				
2.				

Section 10: Income verification

10.1 If anyone in your family, living at the same address, is submitting a Notice of Assessment, **everyone** 18 years old and older in the family must provide income proof. This is because the program's income cut-offs are based on the total number of family members living together.

OR If anyone in the family is applying for a program that benefits the entire family, everyone 18 years and older must submit an income proof. These programs are:

- No Cost Spay/Neuter
- Property Tax Assistance
- Internet, cell phone, television

*A family means anyone living at the same address related by blood, marriage, common-law or adoption (including children). This does not include people you are not related to, like roommates.

Section 11: Consent and Statement

I _____ declare that:

Applicant Name (please print)*

1. I am the main applicant and it is my responsibility to inform all members of my household about the program and conditions of use.
2. I give The City of Calgary my permission to check the information within this application. My mandatory date of birth will be used as a client identifier alongside my SAMS ID.
3. I provide The City of Calgary permission to share information within this application among the different City of Calgary subsidy programs and my designated alternate contact for the purpose of secondary screening and/or service delivery, with the exception of the PHN provided by Seniors Services Home Maintenance (SSHM) clients which I consent to only be provided to the SSHM subsidy program.
4. The City of Calgary may contact me and/or my alternate contact in matters pertaining to this application.
5. The information I have provided in this application is true.
6. If I or anyone in my household has a change in circumstances (e.g. change of address) I will notify Fair Entry immediately. I can do so by calling 311 or visiting a Fair Entry location at the Municipal Building or Village Square.
7. Misuse of program privileges or misinformation provided on this application may result in a loss of privileges or penalty.
8. If I am applying for the SSHM program, I give SSHM permission to share my Personal Health Number with Seniors, Community and Social Services for the purpose of determining eligibility for the Special Needs Assistance (SNA) for Seniors benefit. I understand and agree that if I am eligible for housekeeping and/or yard maintenance benefits under the SNA program, ongoing service information along with my date of birth and PHN will be shared to enable payments that will be made directly from Seniors, Community and Social Services to the SSHM program on my behalf, for the delivery of the defined home maintenance services, and that the benefit(s) is assigned to me personally by the SNA program in the same manner as if the benefit(s) was paid directly to me. I agree to SSHM sharing my contact information and my SAMS ID (unique identifier from Fair Entry) with approved sub-contractors that provide direct delivery of the defined home maintenance services for the purposes of identifying me, contacting me and for administrative purposes related to service-delivery.
9. If I am applying for the high-speed low-cost internet, TV bundle and mobile plan program Connected for Success, provided by Rogers, I give The City of Calgary permission to share the following personal information with Rogers: my SAMS ID, first name, preferred name, last name, residential and mailing address, phone number, email address, my alternate contact's name and phone number, and my Fair Entry expiry date for the purpose of accessing subsidized telecommunication services, including internet, TV bundles or a mobile phone plan. I further consent to Rogers contacting me via telephone, text and/or email to establish qualification for the Connected for Success program and to offer me services.

Application Date* (YYYY-MM-DD)

Signature of Applicant* (or Legal Guardian/Trustee)

The information collected on this form is in accordance with the Freedom of Information and Protection of Privacy Act FOIP Act, Section 33(c). The information will be used to determine eligibility for City of Calgary and partner subsidy programs/services, update current personal information within the programs for which you have applied, provide follow up information for City staff, if required to access programs/services, to collect statistical information and to support reporting of aggregate data of program subsidy participation. If you created a myID personal account, your first name and last name will be transferred to your Fair Entry online application. If you have concerns about the collection and use of your personal information, including privacy breach concerns, please call the Program Coordinator at 403-268-2436 or reach us at the Municipal Building, 3rd Floor, 800 MacLeod Trail S.E., Monday – Friday, 8 a.m. to 6 p.m.

REQUIRED DOCUMENTS CHECK LIST FOR THE FAIR ENTRY APPLICATION

- ☐ Fair Entry Application – Completed and signed.
- ☐ Proof(s) of Income – Only required if you are applying to Transit, Recreation, No Cost Spay/Neuter, Property Tax Assistance, Waste and Recycling, Calgary Parking Low-Income Market Permit, High-Speed Low-Cost Internet and other telecom services and Calgary Parking Impound Storage Support programs.

Reference to the Statistics Canada Low Income Cut-Off (LICO) Table below only if you are submitting a Notice of Assessment:

Statistics Canada Low Income Cut-Off (LICO) Table

Size of family	Total Income (Line 15000)
1 person	\$31,264
2 persons	\$38,922
3 persons	\$47,851
4 persons	\$58,096
5 persons	\$65,892
6 persons	\$74,315
7 persons	\$82,739
8 or more	Please contact Fair Entry by calling 311 or in person.

- ☐ Proof of age (specifically for applicants to the Seniors Services Home Maintenance and Low income senior's transit pass program). Examples of proofs of age (only one is required):
- a copy of your Birth Certificate
 - a copy of your Driver's license
 - a copy of your Alberta Government Identification Card
 - a copy of your Alberta Health Care Card
 - a copy of your Passport
 - a copy of your Baptismal Certificate
- ☐ Proof of Calgary Address – Examples of proofs of current Calgary residential address (only one is required):
- a copy of your Alberta Driver's License or Alberta Government Identification Card
 - a copy of utility, telephone or cable bill dated within the last 30 days
 - a copy of a bank statement on letterhead with your name and address dated within the last 30 days
 - a copy of any government document with your name and current address dated within the last 30 days
 - a copy of signed lease agreements

Note: We do not accept P.O. Boxes, Rural Routes, Range and Township Roads Addresses as valid proof of address.