

APPLICATION FOR HEART

(250) 720-2514



Please ensure application is completely filled out and all documentation needed is attached.

Last Name Enter names of all who live in your household.	First Name	Date of Birth (YYYY/MM/DD)	Photo ID, & Current Address Checked (initials)	Staff Initials	Client Has Card	Photo On File
1.					<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>

This form will expire 30 days from date signed below.

Mailing Address: _____ Postal Code: _____


E-mail: _____

Telephone: _____ (home) _____ (work)

 _____
Signature of adult applicant/caregiver Date

APPLICANTS PLEASE NOTE: Changes to this application are not allowed after approval.

HEART is a service provided by the City of Port Alberni Parks, Recreation & Heritage Department. This service enables persons with limited income to participate in recreational programs and services. Misuse or abuse of the application process, the facility, staff or other facility customers could result in suspension or loss of all HEART privileges, both now and in the future. Please sign to acknowledge the above statement.

Signature  _____ Date _____ PR&H Staff _____

- HEART subsidy allocation is available **within two weeks** after application is approved, provided photos of all applicants have been taken.
- HEART subsidy is valid for a one-year period. A new application is required annually.
- Please do not throw away expired photo membership cards. They are re-usable with renewal.
- Lost or stolen photo membership cards must be reported to Parks, Recreation & Heritage and can be replaced at a \$5 fee per card.
- Photos will be taken for all applicants, including children, and may be taken at Echo Aquatic Centre or Echo Centre.
- Photo membership cards may only be used by the person named on the card and must be presented or scanned at each use.
- Photo membership cards issued by the City of Port Alberni Parks, Recreation & Heritage Department are NOT acceptable legal photo identification.

HEART (Low Income Access) Guidelines

Eligibility Criteria - who is eligible?

HEART (Having Everyone Access Recreation Today) is available to residents of the City of Port Alberni, Beaver Creek, Cherry Creek, Sproat Lake, Tseshaht First Nations and Hupacasath First Nations Reserves when limited income does not allow them to participate in recreational programs and services operated by the City of Port Alberni Parks, Recreation & Heritage Department. **Note: Beaufort residents and First Nations Reserves (other than Tseshaht and Hupacasath First Nations) are not currently eligible for HEART.* In order to qualify for **HEART**, applicants must meet ONE of three listed options.

(See Option 1, 2 and 3 below).

- **Family** means those who live at the same address; family members of all ages, including those related by blood, marriage/common law or adoption and other as it applies.
- **Total Gross Household Income** means total combined income, before taxes and expenses for all who live in the household. This includes income from employment of all types (reported and not reported), all investments, pensions, child support payments, rental revenue, funds in trust, disability benefits (taxable or not), student loans, international student income and all other sources.

OPTION 1: REFERRAL If applicable, please obtain a verification stamp from the Ministry of Social Development & Poverty Reduction (or similar government agency) office. The staff of the recognized agency have identified themselves, certified that you meet the limited income criteria and have stamped and signed below. Photocopied forms/stamps will not be accepted. **Bring your completed form to the Echo Aquatic and Fitness Centre. This form will expire 30 days from date signed below.**

This applicant/family is known to me, and I verify that:

This area for verifying government agency use only

- They are residents of the City of Port Alberni* (see Eligibility Criteria above) and have family members
- Total gross household income is within the allowable limits. (See income chart below)

**STAMP
HERE**

Staff/Social Worker Name: _____ Staff/Social Worker Signature: _____

Date: _____ Phone: _____ Office Location: _____

OPTION 2: PROOF OF FINANCIAL ASSISTANCE if you receive one of the following: (Check one ✓)

- BC Senior's Supplement - please show proof of acceptance.
- BC Income & Disability Assistance Cheque Stub. (MUST BE CURRENT WITHIN 3 MONTHS)

OPTION 3: OTHERS IN NEED If you do not receive one of the forms of assistance described above, and you live in the electoral areas described above and cannot afford to participate in the City of Port Alberni Parks, Recreation & Heritage Department programs, you may meet our definition of others in need. **HEART Coordinator will need to see the completed application form along with proof of gross household income and the previous year's income tax assessment*.** The following **gross** annual or monthly incomes are a guide to who may be eligible to apply for **HEART**.

***Please Note:**

- A copy of your Notice of Assessment can be obtained by calling toll free to Revenue Canada at **1-800-959-8281**.
- Income thresholds from 2021 Statistics Canada Low Income Cut Off rates (before tax).
- **Government issued photo ID with current local address is required for approval.**

Freedom of Information & Protection of Privacy Act Statement:

Information collected on this form, or provided with this form, is collected under the general authority of the *Community Charter* and the *Freedom of Information and Protection of Privacy Act* and is protected in accordance with the Act. Personal information will only be used by authorized staff to fulfill the purpose for which it was originally collected, or for a use consistent with that purpose. For further information regarding the collection, uses, or disclosure of personal information by the City of Port Alberni, please contact the City Clerk at 250-720-2810.

- This family is eligible for **HEART** subsidy under Option 3 - **Others in Need.**

Approved - **HEART** Coordinator Signature

Family Size	Gross Annual	Gross Monthly
1 person	\$26,426	\$2,200
2 persons	\$32,898	\$2,742
3 persons	\$40,444	\$3,370
4 persons	\$49,106	\$4,092
5 persons	\$55,694	\$4,641
6 persons	\$62,814	\$5,235

Further increments of \$7,120 per additional family member.