

### Section 6: Primary Applicant Information

\*denotes mandatory field

**Note:** If this is a renewal, and your contact and household information has NOT changed, you may leave these areas blank. In this case, only your name, consent statement, and supporting documents are required.

Are you: <input type="checkbox"/> First time applicant <u>OR</u> <input type="checkbox"/> Renewal Please check <b>ONLY</b> one			
First Name:*	Middle Initial:	Last Name:*	
Date of Birth*:			
Personal Address:	Address: (Unit #, Street #, Street Name, City)*		Postal Code:
Mailing Address: (if different from above)	Address: (Unit #, Street #, Street Name, City)		Postal Code:
Phone Number:		Alternate Phone Number:	How would you like us to contact you?
Email Address: (please print clearly)			<input type="checkbox"/> Email <input type="checkbox"/> Mail

### Section 7: Household Members Information

*Remember: "household members" are anyone who resides at the same City of Medicine Hat address with you (the primary applicant) and are related to you by blood, marriage, common law relation or adoption.*

First Name	Last Name	Relationship to Applicant	Date of Birth (YYYY-MM-DD)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**Section 8: Consent and Statement**

1. I, \_\_\_\_\_ declare that the statements made in this application are complete and correct to the best of my knowledge.
2. I understand that any misstatements or falsification of information may cause me to forfeit my rights to the use of the Fair Entry Program.
3. I understand that my application to the Fair Entry Program is to be dependent upon:
  - a. Satisfactory proof of income and proof of residency documents
  - b. Proper completion of the application form(s) including the household members information section(s)
4. I understand and authorize the City of Medicine Hat to contact me in matters pertaining to my application
5. I will notify the Fair Entry Program immediately if my, and/or my household members' status changes.

SIGNED: \_\_\_\_\_

Date: \_\_\_\_\_

**Section 9: Authorization Consent Form**

*\*Please have your household members over the age of 18 fill out this consent form. If your household members are coming in person to complete the Fair Entry Application with you, this consent form will not be required. If you have more than one person over the age of 18 on the application form, attach additional consent forms for each person.*

I, \_\_\_\_\_ have read and understood this Application in its entirety and I give my consent to \_\_\_\_\_, whose contact information is stated in Section 6 of this Application, to provide the City of Medicine Hat with my date of birth, relationship to the applicant, and the following other personal information on my behalf (check all that apply):

- Canada Revenue Agency: Notice of Assessment
- Assured Income for Severely Handicapped benefits (AISH)
- Alberta Income Supports/Alberta Works
- Letter from a Registered Social Worker

This Authority will remain in effect for one year from the date of signature unless previously revoked in writing to this office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Section 10: Office Use and FOIPP Statement**

**OFFICE USE ONLY**

**Application Status:**

- Approved
- Not Eligible\*

**Date:** \_\_\_\_\_

**Reason:\***

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**Document Return Statement:**

I have been asked to supply documents pertaining to my own and/or my family member's income status and residency to complete my application with the Fair Entry Program. Regardless of my own and/or my family member's application's final outcome, my documents have been reviewed, and these items and are being returned to me in their original form(s).

I agree, and understand that all documents have been returned to me on \_\_\_\_\_.  
(Print Date)

**Signature of applicant:** \_\_\_\_\_

**Name & Signature of Authorizing Employee:** \_\_\_\_\_

The City of Medicine Hat is collecting the personal information on this form under of the authority of section 33(c) the *Freedom of Information and Protection of Privacy Act* for the purpose of operating a program of activity of the City of Medicine Hat. The City of Medicine Hat must collect personal information directly from the individual that the information is about unless another method of collection is authorized by the individual or by an enactment of Alberta or Canada. The personal information provided will be protected under Part 2 of the *Freedom of Information and Protection of Privacy Act* and will be used for the purpose of determining and verifying eligibility for the Fair Entry Program and for the regular administration and enforcement of the Fair Entry Program. Questions regarding the collection and use of personal information can be directed to the FOIPP Head of Local Body, City of Medicine Hat at 403-529-8234.