



Original application received at:

Email In Person

2025 Financial Access to CV Recreation Services

Please check off which program(s) you are applying for (flip the page for individual program details):

LEAP - Leisure for Everyone Accessibility Program Available to residents of Courtenay, Comox, Cumberland and/or residents of Areas A, B, C of the Comox Valley Regional District
RAP - Recreation Access Program City of Courtenay residents only
TRIP - Inclusion Program Town of Comox residents only
FAIR - Financial Assistance In Recreation Program Village of Cumberland residents only

Please list the names of all family members residing in your household that require financial assistance for recreation.

NAMES (First & Last)	AGE	BIRTH DATE (i.e. Jan. 7, 2022)	FOR OFFICE USE ONLY BCID/BC SERVICES CARD CONFIRMED
Primary Account Holder			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

ADDRESS	
CITY/TOWN	POSTAL CODE
PHONE	EMAIL

You are eligible to receive discounts when your **combined gross family income** is below the following after taxes (net income):

Statistics Canada Low Income Measure (LIM)							
# in Household	1	2	3	4	5	6	7 & over
Income Under	\$27,352	\$38,682	\$47,375	\$54,704	\$61,161	\$66,998	\$72,367

DECLARATION/CONSENT/SIGNATURE OF PRIMARY ACCOUNT HOLDER

I declare that my combined family income (includes my income and spouse or common-law partner, if applicable) currently is estimated per year at \$_____. If requested, I agree to meet with a representative of the CVRD, City of Courtenay, Town of Comox or Village of Cumberland and will at that time disclose financial information based on my Notice of Assessment from the previous year. I also give the above organizations permission to share the information on this form with each other in order to be eligible for LEAP/RAP/TRIP.

I verify all of the information I have provided on this form is accurate and true:

Signature of Primary Account Holder

Date

