



L.E.A.P Application Form

Applicant Info (A.1)

Please fill out section A.1, either A.2 or A.3 (depending on income type), and A.4.

First Name _____

Last Name _____

Address _____

City/Postal _____

Phone _____ Alt Phone _____

Email _____

Check box if this is a Household Income Application. Complete Section A.2

Check box if this is a Sole-Income Application. Complete Section A.3

Household Income (A.2)

Total Household Income (T4: Line 14 for all T4's or T1 Tax Summary Line 15000. Or pension income):	\$ _____
Year of Income Document:	_____
Total Secondary Income: please indicate if you have any other income such as such as rental income:	\$ _____
Year of Income Document:	_____
Please provide a copy of your Income Documents at your Assessment Meeting.	

Individual Sole-Income (A.3)

Total Sole-Income (T4: Line 14 for all T4's or T1 Tax Summary Line 15000. Or pension income):	\$ _____
Year of Income Document:	_____
Total Secondary Income: please indicate if you have any other income such as such as rental income:	\$ _____
Year of Income Document:	_____
Please provide a copy of your Income Documents at your Assessment Meeting.	

Applicants (and those included in the application for families) can only access the Live Entertainment Assessment Program once in a 12 month period of the event.



L.E.A.P Application Form

Applicant Info (A.4)

Ticket information:

Name of Event you wish to attend:

Date of Event:

Preferred Start Time of Event (if applicable)

Event Location:

Number of Adult Tickets Required:

1 Adult Ticket

2 Adult Tickets

Number of Senior Tickets Required:

1 Adult Ticket

2 Adult Tickets

Number of Child Tickets Required:

Indicate Number:

Please fill out the following information of names for this application that require tickets: Leave space blank if no other names are required for tickets.

Applicant Name:

Secondary Applicant:

Children listed must be in the care of the guardians listed on the application or otherwise assessed and approved by case manager.

Child Name:

Child Name:

Child Name:

Child Name:

Child Name:

Child Name:

Please fill out additional names on a separate paper if more space is required.

Is this your first Applying for the Live Entertainment Assessment Program?

Yes

No

If no, How many times have you applied?

Would you (the applicant) be interested in volunteering at similar future events?

Yes

No

Applicants (and those included in the application for families) can only access the Live Entertainment Assessment Program once in a 12 month period from time of event.