

Leisure Inclusion For Everyone (LIFE) Program 2026 Application Form







The Leisure Inclusion for Everyone (LIFE) Program supports low-income Sunshine Coast community members who wish to access SCRD recreation services. In order to be eligible for the program, an individual's or family's gross household income must fall within LICO levels as determined by Statistics Canada for the most recent reference year.

LIFE BENEFIT OPTIONS

Participants can choose from three benefit options. LIFE Benefits may be used at any of the five SCRD facilities for the duration of the calendar year.

| Option | • | \$100 program credit which can be used on any registered opportunity |
|--------|---|---|
| Α | • | 70 MYPASS visits that can be used wherever MYPASS is accepted for drop-in |
| | | admission* (includes free skates, helmets, and/or locker tokens) |
| Option | • | \$200 program credit which can be used on any registered opportunity |
| В | • | 52 MYPASS visits that can be used wherever MYPASS is accepted for drop-in |
| | | admission* (includes free skates, helmets, and/or locker tokens) |
| Option | • | \$300 program credit which can be used on any registered opportunity |
| С | • | 35 MYPASS visits that can be used wherever MYPASS is accepted for drop-in |
| | | admission* (includes free skates, helmets, and/or locker tokens) |

^{*} MYPASSes are not transferable and have no cash value

LOW INCOME CUT OFFS for 2026 LIFE Program

Household income is the sum of the income before taxes (line 15000 on the Notice of Assessment) of all adults over the age of 16 in a household.

| # in Household | 1 | 2 | 3 | 4 | 5 | 6 | 7 or more |
|-----------------|----------|----------|----------|----------|-----------------|----------|-----------|
| Before Tax | #2C 427 | #22 F2F | #20.006 | ± 40 550 | # FF 064 | ¢(2,402 | ¢(0.4.42 |
| Income is under | \$26,127 | \$32,525 | \$39,986 | \$48,550 | \$55,064 | \$62,103 | \$69,143 |

Source: Statistics Canada LICOs for a population 30,000 to 99,999, 2023 reference period

If you are unable to declare your income because:

- you do not have a Notice of Assessment (NOA), or
- your NOAs would show you exceed LICO, but your present financial situation is below LICO,

you can substitute the Agency Referral form for your declaration of income. For more information on the Agency Referral form, please speak with a member of the Recreation team.

Submit forms to the SCRD either by dropping off in person at:

- Sechelt Aquatic Centre
- Gibsons and Area Community Centre
- Pender Harbour Aquatic & Fitness Centre

Or mail to: 1975 Field Rd, Sechelt, BC V7Z 0A8, Attention Recreation Office Assistant.

DO NOT EMAIL YOUR APPLICATION

Emailed applications will be deleted and you will be asked to resubmit a paper application.

Please allow up to two weeks for processing.



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Applications that are incomplete will be delayed and may be rejected.

If you need assistance completing the application, call 604-885-6801 and Recreation staff will be pleased to assist you.

| | INFORMATION | | | | | | | |
|--|--|---|--|---|--|---------------------------------|-----------------------------------|--|
| Applicant N | ame: | | | | | | | |
| Street Address: | | | | Postal Code: | | | | |
| City: | Home Pho | | | Work Phon | e: | | | |
| Cell Phone: | | Email: | | | | | | |
| | FAMILY MEMBERS | M/F/ Other | AGE | BIRTH DATE (mm/dd/yy) | PROGRAM OPTION | | | |
| | (Last Name, First Name including applicant) | | | | | Option B \$200/52 | 1 | |
| | Applicant Name | | | | | | | |
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| DECLARATI | | | | | | | | |
| b) Ther c) The f | Assessment – of all adults of Not declared. Please see the derstand that the SCRD reservation provided on this appropriate that it is a serious off issent to the SCRD contacting est feedback | household is (please from oper the agence the right) the Agence the right) and the right) are regarded. | se chec f the in- ne of 16 ry Refer ight to rovide rding t | come before to in the househ ral form subr request supp false informa | old) mitted with rorting docur tion on this for the LIFE P | my application to | on. o verify the If, and to | |
| Signature: _ | | | | Date: | | | | |
| The personal Your personal Act. If you have Coordinator, FOR OFFICE I Date received Approved / R Date Process | INFORMATION information you provide on this j I information is protected by the ve any questions about the collect 1975 Field Road, Sechelt, BC, V7Z USE ONLY d: ejected, If rejected, reason: eed: ered: | privacy pro tion of this ' 0A8, 604-8 | visions informa 885-6800 | of the Freedom ation, please cor). | of Information | n and Protecti mation and Pi | on of Privacy rivacy | |