FAIR ENTRY: APPLICATION FORM

X 624A (R2026-05)

Please review the information available on Calgary.ca/fairentry before completing your application.

Do you live in Calgary? ☐ Yes ☐ No

(You must live in Calgary to receive these benefits. If you do not live within Calgary city limits, do not complete this application. Call 211 to find out what services are available to you in your location).

Section 1: Service(s) I am interested in (*Indicates a mandatory field)

Let us know which service(s) you are interested in by checking the box of the service(s) below*

SAMS ID Number
(for office use only)

- ☐ Recreation (swim, golf, art, gym)
- ☐ C-Train/bus Low Income Pass
  - Adult and Youth Monthly
  - Seniors Yearly
- ☐ Snow shoveling, grass cutting and housekeeping for seniors 65+
- ☐ Spay/Neuter for cats
- ☐ Property Tax
- ☐ Market Parking Permit
- ☐ Internet, Cell Phone, Television
- ☐ Impound Lot for Cars
- ☐ Prescription Drug Program – New!

Section 2: Personal information (*Indicates a mandatory field)

2.1 YOUR INFORMATION	**Given Name(s)***	Middle Initial	**Family Name(s)***	
	Preferred Name			**Date of Birth*** (YYYY-MM-DD)
2.2 YOUR SPOUSE OR PARTNER'S INFORMATION *(If applicable)*	**Given Name(s)****	Middle Initial	**Family Name(s)****	
	Preferred Name			**Date of Birth**** (YYYY-MM-DD)
2.3 CONTACT INFORMATION RESIDENTIAL ADDRESS	**Address* (Unit #, Street #, Street Name, City)**			**Postal Code***
MAILING ADDRESS (If different from above)	*Address* (Unit #, Street #, Street Name, City)*			*Postal Code**

Email address (please print clearly)	Phone Number*	Alternate Phone Number

**Required information if applying for snow shoveling, grass cutting and housekeeping services.

Section 3: Alternate contact

3.1 You can provide an alternate contact and we can communicate with them if you would prefer.

Given Name(s)	Family Name(s)	Email Address	Phone Number	Relationship to Applicant

Section 4: Snow shoveling, grass cutting and housekeeping for seniors only

4.1 Personal Health Number of eldest applicant: ___ ___ ___ ___ ___ - ___ ___ ___ ___

IF THE HOME SERVICES FOR SENIORS PROGRAM IS THE ONLY SERVICE YOU ARE APPLYING TO, PROCEED TO SECTION 11 TO SIGN YOUR APPLICATION, OTHERWISE PLEASE CONTINUE WITH SECTION 5.

Section 5: Your family members' information. A family means anyone living at the same address related by blood, marriage, common-law or adoption (including children). This is needed if anyone is using a Notice of Assessment or applying to Property Tax, Spay/Neuter, Internet/Cell Phone/Television, or the Prescription Drug program.

	Given Name(s)	Middle Initial	Family Name(s)	Preferred Name	Date of Birth* (YYYY-MM-DD)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Section 6: Property tax customers only

Please Note: You must be a homeowner to apply for this service. If you are not a homeowner, you cannot apply for this service.

6.1 Do you own only one property?

☐ Yes ☐ No

Section 7: Calgary Transit customers only

Please Note: If you are a student at a school with a mandatory UPass, approval for Fair Entry does not exempt you from the UPass program – you will still be required to pay for and use your UPass.

7.1 Calgary Transit Access ID (if applicable) _____

7.2 Approved Pick-ups

Any household member and/or approved pick-ups outside the household (limit 2) must present their **own** photo ID at time of purchase to pick up your transit pass.

Given Name(s)	Family Name(s)	Agency Name (if applicable)	Phone Number

Section 8: Spay/Neuter service (only for customers with cats)

8.1 If you are applying for Spay/Neuter program for your cat, do you have a valid pet license?

☐ Yes ☐ No

Section 9: Market parking permit and/or impound lot for cars customers only

9.1 If you are applying to the Market Parking Permit and/or Impound Lot for Cars services, please identify the person in your household who is the registered vehicle owner applying to either or both of these programs.

	Given Name(s)	Family Name(s)	Preferred Name	Market Permit or Impound Lot for Cars
1.				
2.				

Section 10: Prescription Drug program customers only

10.1 Applicants applying for prescription drug coverage must identify the family members in the household who are aged 18-64 who wish to participate in the prescription drug program. Please choose yes or no for each question. Do **not** list family members who do not want prescription drug coverage. Household income will be evaluated but only those interested in prescription drug coverage will be referred to GreenShield.

Family member name who wants prescription drug coverage	Has an Alberta Personal Health Number	Is a Canadian Citizen or Permanent Resident	Has a job *	Is without prescription drug coverage now
Sample – John Smith	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

**In addition to regular employment, the “job” can include self-employed; or gig work such as Uber/Lyft/Skip the Dishes/ DoorDash/Instacart etc.; or if you’re laid off; or if you have a seasonal job.*

Section 11: Income verification

11.1 If anyone in your family, living at the same address, is submitting a Notice of Assessment, everyone 18 years old and older in the family must provide proof of income. This is because the income cut-offs are based on the total number of family members living together.

OR If anyone in the family is applying for these services, everyone 18 years and older must submit an income proof. These services are:

- Spay/Neuter
- Property Tax
- Internet, Cell Phone, Television
- Prescription Drug program

*A family means anyone living at the same address related by blood, marriage, common-law or adoption (including children). This does not include people you are not related to, like roommates.

Section 12: Consent and statement

I _____ declare that:

Applicant Name (please print)*

1. I am the main applicant, and it is my responsibility to inform all members of my household about the program and conditions of use.
2. I give The City of Calgary my permission to check the information within this application. My mandatory date of birth will be used as a client identifier alongside my SAMS ID.
3. I provide The City of Calgary permission to share information within this application among the different City of Calgary subsidy programs and my designated alternate contact for the purpose of secondary screening and/or service delivery, with the exception of the PHN provided by Home Services for Seniors (HSS) clients which I consent to only be provided to the HSS subsidy program.
4. The City of Calgary may contact me and/or my alternate contact in matters pertaining to this application.
5. The information I have provided in this application is true.
6. If I or anyone in my household has an update to information (e.g. change of address) I will notify Fair Entry immediately. I can do so by calling 311 or visiting Fair Entry at the Municipal Building, Shawnessy or Village Square locations.
7. Misuse of program privileges or misinformation provided on this application may result in a loss of privileges or penalty.
8. If I am applying for the HSS program, I give HSS permission to share my Personal Health Number with Assisted Living and Social Services for the purpose of determining eligibility for the Special Needs Assistance (SNA) for Seniors program. I understand and agree that if I am eligible for housekeeping and/or yard maintenance benefits under the SNA program, ongoing service information along with my date of birth and PHN will be shared to enable payments that will be made directly from Assisted Living and Social Services to the HSS program on my behalf, for the delivery of the defined home maintenance services, and that the benefit(s) is assigned to me personally by the SNA program in the same manner as if the benefit(s) was paid directly to me. I agree to HSS sharing my contact information and my SAMS ID (unique identifier from Fair Entry) with approved service providers that provide direct delivery of the defined home maintenance services for the purposes of identifying me, contacting me and for administrative purposes related to service-delivery.

9. If I am applying for the Internet, Cell Phone and Television program Connected for Success, provided by Rogers, I give The City of Calgary permission to share the following personal information with Rogers: my SAMS ID, first name, preferred name, last name, residential and mailing address, phone number, email address, my alternate contact's name and phone number, and my Fair Entry expiry date for the purpose of applying for and accessing subsidized telecommunication services, including internet, TV bundles or a mobile phone plan. I further consent to Rogers contacting me via telephone, text and/or email to establish qualification for the Connected for Success program and to offer me services.
10. If I am applying for the Prescription Drug program. Essential Medicines, provided by GreenShield, I give The City of Calgary permission to share the following personal information with GreenShield: my SAMS ID, first name, preferred name, last name, date of birth, residential and mailing address, phone number, email address, and my Fair Entry expiry date for the purpose of applying for and accessing subsidized prescription drug coverage. I further consent to GreenShield contacting me via telephone, email, and/or mail to establish qualification for the Essential Medicines program and to offer me services.

Date of Signature* (YYYY-MM-DD)

Signature of Applicant* (or Legal Guardian/Trustee)

The personal information collected is authorized under *Section 4(c) of the Protection of Privacy Act (POPA)*. Fair Entry collects your information to check if you qualify for subsidy, to issue a referral, and for aggregate analysis. It may also be used in an automated system to generate content or reports or to make decisions, recommendations or predictions. Should you have questions regarding the collection and use of your personal information, please contact the Team Lead at 403-268-2436. Questions about your eligibility will not be answered through this phone number. Call 311 for questions about your application.

REQUIRED DOCUMENTS CHECK LIST FOR THE FAIR ENTRY APPLICATION

☐ Fair Entry Application – Completed and signed.

☐ Proof of Income (any ONE of the following income proofs are allowable):

- Assured Income for Severely Handicapped benefits (AISH)
- Alberta Works: Income Support
- Foundational Learning Assistance (formerly Alberta Works Learners)
- Alberta Works – Alberta Health Benefit
- Resettlement Assistance Program
- Canada Revenue Notice of Assessment
- Letter from a Registered Social Worker
- Letter for independent youth

The Home Services for Seniors service is the only subsidy program that does not require an income proof.

Note: If you are using the Canada Revenue Notice of Assessment or applying for any of the following services below, you will need to provide an income proof for EACH family member related by blood, marriage, adoption or common-law who is 18 years or older living at the same Calgary address.

- Property Tax
- Spay/Neuter for Cats
- Internet, Cell Phone, Television
- Prescription Drug program

Note: These are samples of documents we do **NOT** accept to prove your income:

- Bank statements
- Pay cheques or stubs
- Immigration documents
- Letters from people who are not registered social workers
- T4 slips
- Tax documents other than the Notice of Assessment

Refer to the Statistics Canada Low Income Cut-Off (LICO) Table below if you are submitting a Notice of Assessment:

Statistics Canada Low Income Cut-Off (LICO) Table

Size of family	Total Income (Line 15000)
1 person	$31,906
2 persons	$39,721
3 persons	$48,832
4 persons	$59,288
5 persons	$67,244
6 persons	$75,839
7 persons	$84,436
8 or more	Please call Fair Entry at 311

☐ Proof of age (specifically for seniors applying for snow shoveling, grass cutting and housekeeping services or for the low-income senior transit pass).
Examples of proofs of age (only one is required):

- a copy of your birth certificate
- a copy of your driver's license
- a copy of your Alberta government identification card
- a copy of your Alberta health care card
- a copy of your passport
- a copy of your baptismal certificate

☐ Proof of Calgary address – examples of proofs of current Calgary residential address (only one is required):

- a copy of your Alberta driver's license or Alberta government identification card
- a copy of utility, telephone or cable bill dated within the last 30 days
- a copy of a bank statement on letterhead with your name and address dated within the last 30 days
- a copy of any government document with your name and current address dated within the last 30 days
- a copy of signed lease agreements

Note: We do not accept P.O. boxes, rural routes, range and township roads as valid proof of address.