

To be eligible for Access for all you must provide Proof of Residency.

All applicants of the **Access For All** program must be a resident of Yellowknife. Please include:

- Copy of proof of your residential address such as a utility bill, water bill or bank statement which is addressed to applicant and indicates civic address (P.O. Box is not acceptable - proof must include street address)

And provide one of the following for every member of your household over the age of 18:

- Income Assistance Financial Case Report from the GNWT Department of Education Culture and Employment
- Copy of your Revenue Canada Notice of Assessment (Line 150)

Before sending your application, remember to:

- Fill in all sections of application form
- Include your proof of financial eligibility. (please contact your local case worker to help you provide the information required to qualify for Access For All)
- Include proof of residency

We can only process application forms that are completed with all the supporting documents included. If you have questions or need assistance filling out this form please call us at **920-5600. Please print.**

First Name:	Last Name:	<input type="checkbox"/> Single	<input type="checkbox"/> Common Law	<input type="checkbox"/> Married
Address (residence):	City:			
Mailing Address (if different):				
Postal Code:	Phone:			
Email Address:	Date of Birth: YYYY / MM / DD			

Additional Information

In order for the City to issue **Access for All** Flexi and Transit passes, please provide the names of the people living in your household, including yourself. If you have an adult child listed who is currently attending a post-secondary school please attach proof of their registration. This section must be completed in full for your application to be processed. Also, please indicate which type of Transit pass (regular or Y.A.T.S.) is required.

First Name	Last Name	Relationship	Date of Birth Y/M/D	Transit Type: REG / YATS
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
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				<input type="checkbox"/> <input type="checkbox"/>

The personal information collected by this form will be used for the purpose of operating the Access For All Program. If you have any questions regarding the collection and use of this information, please contact the City Clerk's Office at 920-5646. Personal information collected in this form may only be disclosed for the purpose of determining or verifying an individual's suitability or eligibility for this program or benefit.

Signature

The above information I have provided is complete and true.

Applicant's or Guardian's Signature

Date (yyyy/mm/dd)

