# Valid Financial Documents when Submitting a KidSport Calgary Application

KidSport Calgary & Area

# Full Child Health Benefits Letter and/or Card

- The Health Benefits Letter will have an Expiry date

AB WORKS - Health Benefit Letter & Card - Example 1

Alberta Human Services — alberta works

**MONTH DAY, YEAR (CURRENT)**

NAME SURNAME
ADDRESS/POSTAL CODE

Attached is your Health Benefits Card, which entitles the children named on the card to receive coverage for prescription drugs, dental care, eyewear, emergency ambulance services and essential diabetic supplies covered by the Alberta Child Health Benefit program. The benefit year goes from July 1 to June 30 of the following year. Each year in June we will automatically reassess your eligibility by contacting Canada Revenue Agency for your tax information. If you remain eligible, you may continue to use your card. Please remember to carry your Health Benefits Card with you at all times.

How coverage works

You must present your Health Benefits Card to the pharmacist, dentist or other health services provider every time your child needs health benefits. If you have private coverage such as employer-sponsored benefits or Alberta Blue Cross, you must present that card as well. Your private insurance company is billed first and your Health Benefits Card may cover remaining charges for eligible services.

Agreements between Alberta Human Services (HS) and health services providers determine what health benefits are covered. Your health services provider can advise you about the benefits HS covers. Information on health benefits is also available online at http://employment.alberta.ca/FCH/2073.html.

If you are denied a benefit because it is not covered under one of these agreements, please call the **Health Benefits Contact Centre** at one of the numbers listed below to discuss your options, including a review by the Health Benefits Review Committee.

Health Benefits Contact Centre

**1-877- 469-5437** toll free throughout Alberta

**780-427-6848** in Edmonton

Keep your card current

Please check your Health Benefits Card carefully. Call the **Health Benefits Contact Centre** if:

- The information on your card is incorrect
- You lose your card
- You change your address
- Your family situation changes (e.g. if you need to add or delete dependants)

Alberta Human Services — works

NAME SURNAME
Group:
Section:

**Health Benefits Card**

**Coverage for:** NAME SURNAME

**Birth Date:** xxxx/xx/xx **ID:**

Alberta Human Services — works

Name Surname
Group:
Section:

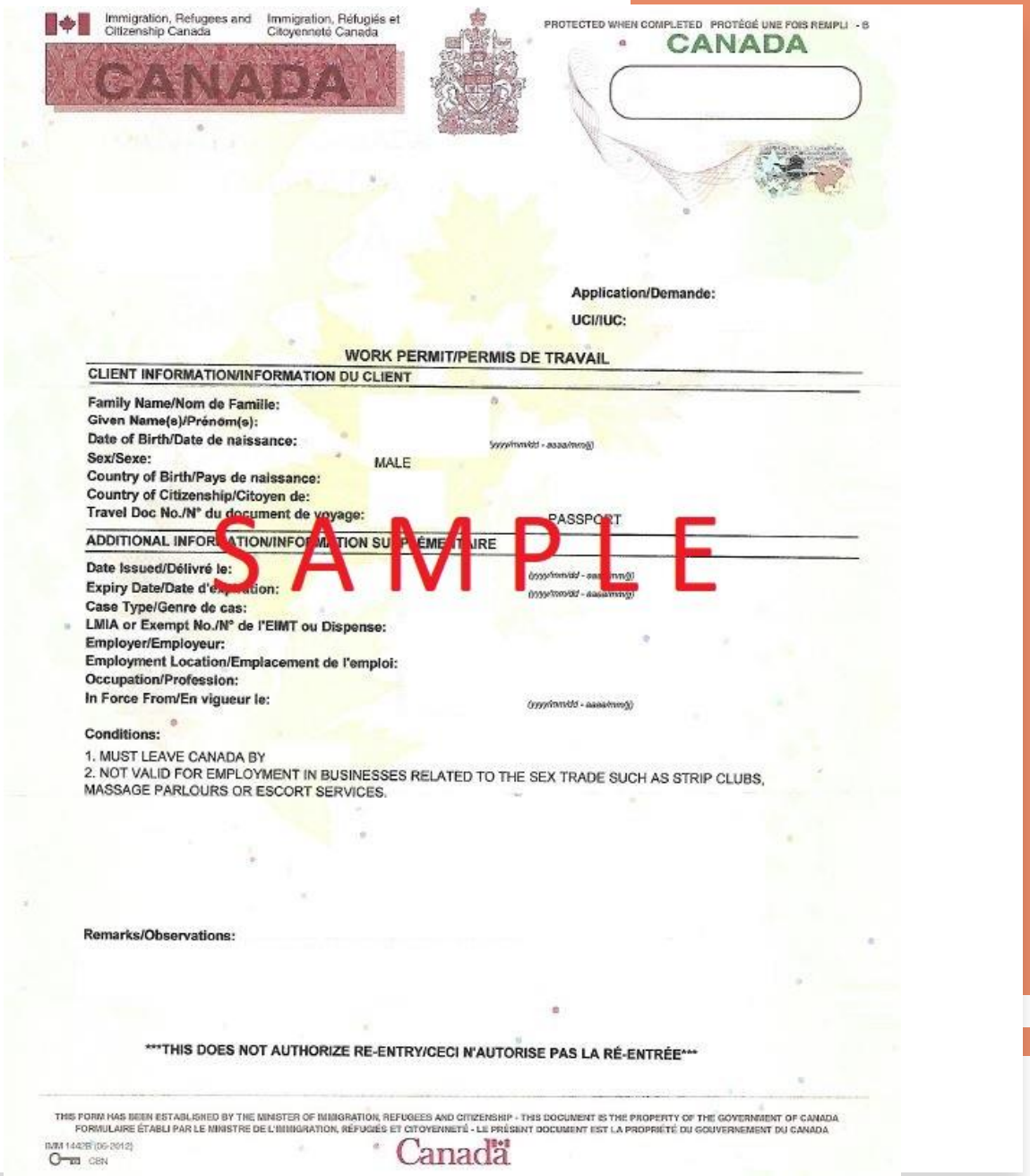
**Health Benefits Card**

**Coverage for:** NAME SURNAME

**Birth Date:** xxxx/xx/xx **ID:**

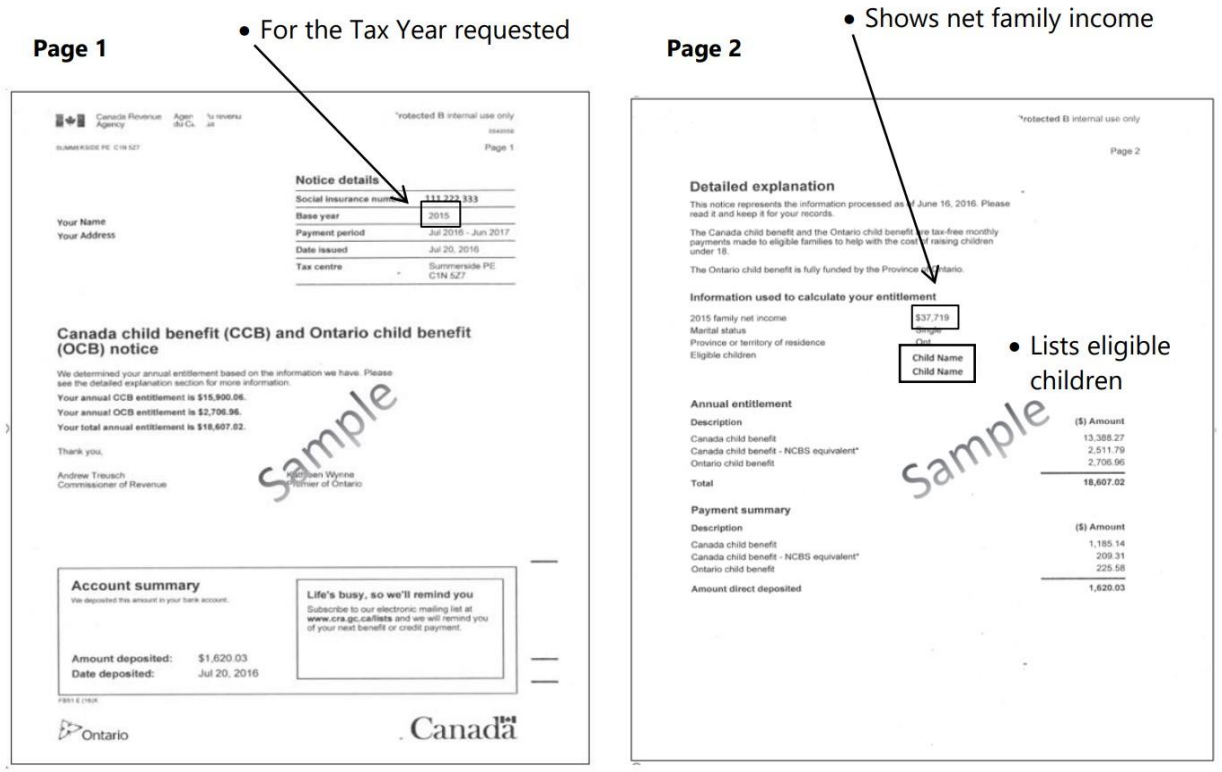
# Work Permit

- Both adults or if single, single adult only
- Work permit must state Expiry Date


Immigration, Refugees and Citizenship Canada
Immigration, Réfugiés et Citoyenneté Canada
CANADA
PROTECTED WHEN COMPLETED PROTÉGÉ UNE FOIS REMPLI - B
CANADA
Application/Demande:
UCI/IUC:
WORK PERMIT/PERMIS DE TRAVAIL
CLIENT INFORMATION/INFORMATION DU CLIENT
Family Name/Nom de Famille:
Given Name(s)/Prénom(s):
Date of Birth/Date de naissance:
(yyyy/mm/dd - aaaa/mm/jj)
Sex/Sexe: MALE
Country of Birth/Pays de naissance:
Country of Citizenship/Citoyen de:
Travel Doc No./N° du document de voyage: PASSPORT
ADDITIONAL INFORMATION/INFORMATION SUPPLÉMENTAIRE
SAMPLE
Date Issued/Délivré le:
Expiry Date/Date d'expiration:
Case Type/Genre de cas:
LMIA or Exempt No./N° de l'EIMT ou Dispense:
Employer/Employeur:
Employment Location/Emplacement de l'emploi:
Occupation/Profession:
In Force From/En vigueur le:
Conditions:
1. MUST LEAVE CANADA BY
2. NOT VALID FOR EMPLOYMENT IN BUSINESSES RELATED TO THE SEX TRADE SUCH AS STRIP CLUBS, MASSAGE PARLOURS OR ESCORT SERVICES.
Remarks/Observations:
***THIS DOES NOT AUTHORIZE RE-ENTRY/CECI N'AUTORISE PAS LA RÉ-ENTRÉE***
THIS FORM HAS BEEN ESTABLISHED BY THE MINISTER OF IMMIGRATION, REFUGEES AND CITIZENSHIP - THIS DOCUMENT IS THE PROPERTY OF THE GOVERNMENT OF CANADA
FORMULAIRE ÉTABLI PAR LE MINISTRE DE L'IMMIGRATION, RÉFUGIÉS ET CITOYENNETÉ - LE PRÉSENT DOCUMENT EST LA PROPRIÉTÉ DU GOUVERNEMENT DU CANADA
IMM 1442E (09-2012)
CBN
Canada

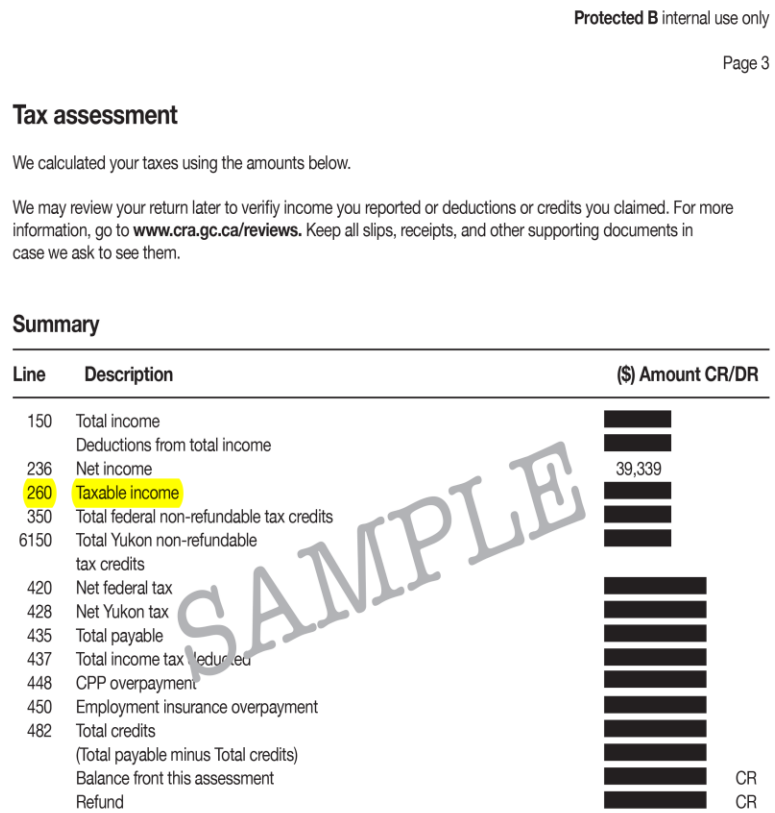
# Full 2024 Canada Child Tax Benefit Notice

- We need to be able to see the Family Net Income on the 2nd Page
- We need the Tax Year to be from 2024



# 2024 Notice of Assessments

- Both adults or if single, single adult only
- We need to be able to see the Net Income on the 2nd page (Line 23600)
- We need the Tax Year to be from 2024

# Fair Entry Letter and/or Fee Assistance Card

- The documents must have a future expiry date
- **IMPORTANT!** If you reside in Airdrie or Cochrane, you may submit your Airdrie Fee Assistance Card or Cochrane Connect Card

Calgary

The City of Calgary
Fair Entry #8113
P.O. Box 2100, Station M
Calgary, AB T2P 2M5

December 9, 2020

[redacted]

Dear Customer:

Welcome to The City of Calgary Fair Entry program - the single application process for five City-subsidized programs and services that assesses your Calgary residency and income. Your application has been processed.

The following is a summary of household members, programs requested and current status:

[redacted]
Recreation Fee Assistance - Referred
Low Income Transit Pass - Referred Sliding scale: Band B

[redacted]
Recreation Fee Assistance - Referred
Low Income Transit Pass - Referred Sliding scale: Band B

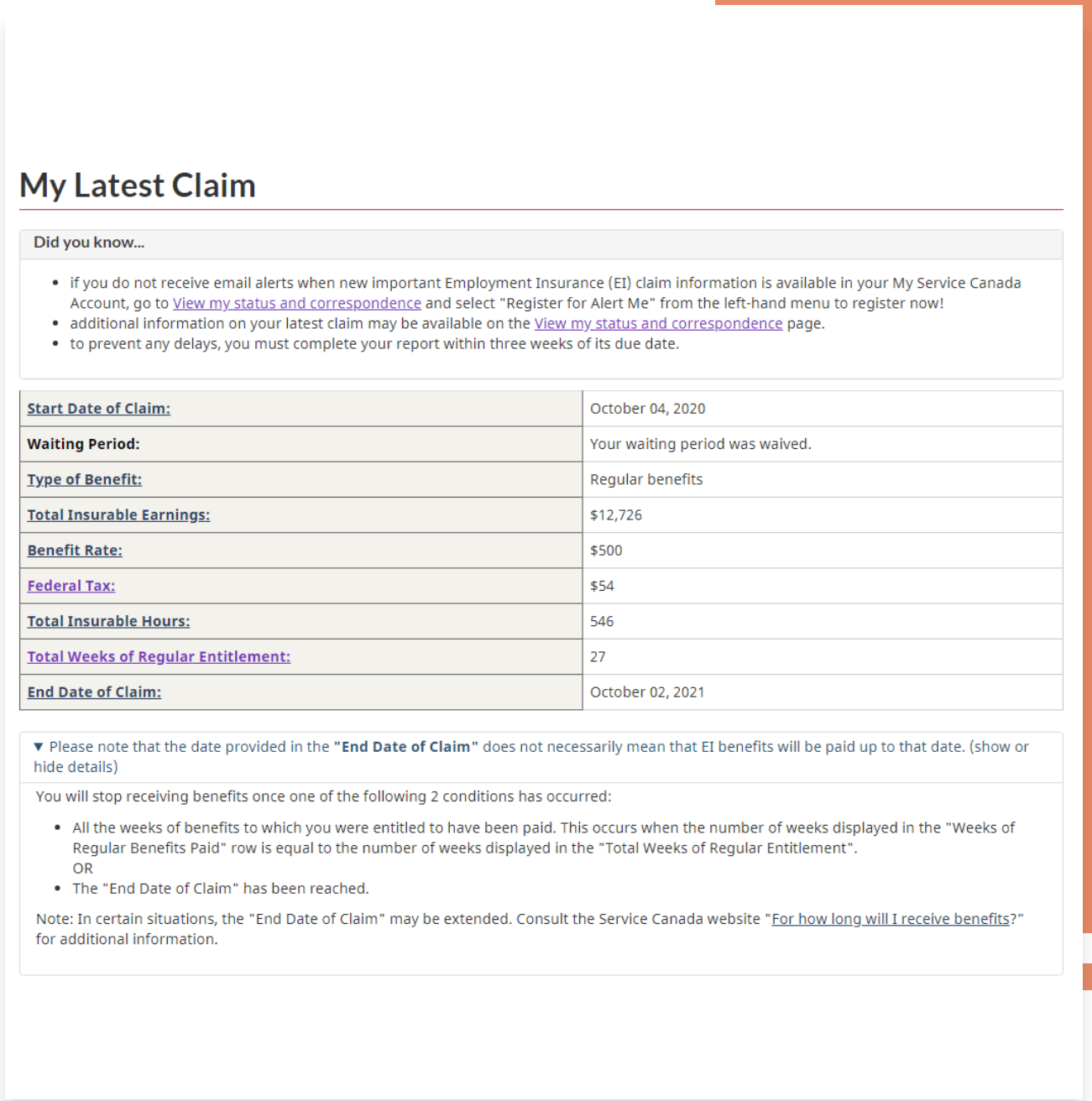
Please tell us right away about any of these changes:
- New household members
- Your contact information (name, home address, email, phone number).

Please note: If a household member moves to a new address please provide us with their new mailing address ensure their transit pass is mailed to the most updated mailing address if they purchase it online.

What do you do next?

# EI Documentation

- We need to be able to see the Total Insurable Earnings



## My Latest Claim

**Did you know...**

- if you do not receive email alerts when new important Employment Insurance (EI) claim information is available in your My Service Canada Account, go to View my status and correspondence and select "Register for Alert Me" from the left-hand menu to register now!
- additional information on your latest claim may be available on the View my status and correspondence page.
- to prevent any delays, you must complete your report within three weeks of its due date.

| | |
|---|---|
| **Start Date of Claim:** | October 04, 2020 |
| **Waiting Period:** | Your waiting period was waived. |
| **Type of Benefit:** | Regular benefits |
| **Total Insurable Earnings:** | $12,726 |
| **Benefit Rate:** | $500 |
| **Federal Tax:** | $54 |
| **Total Insurable Hours:** | 546 |
| **Total Weeks of Regular Entitlement:** | 27 |
| **End Date of Claim:** | October 02, 2021 |

▼ Please note that the date provided in the **"End Date of Claim"** does not necessarily mean that EI benefits will be paid up to that date. (show or hide details)

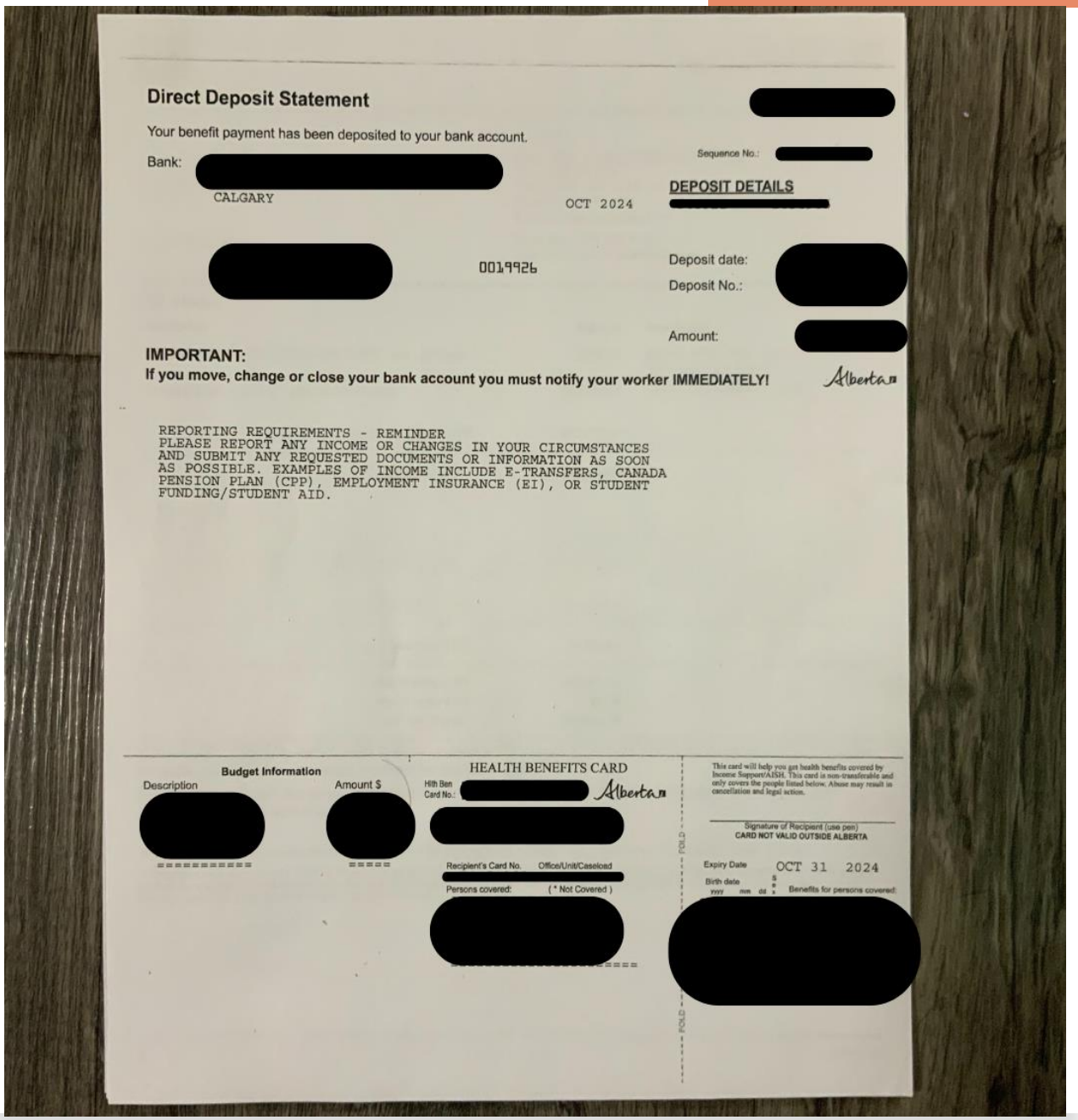
You will stop receiving benefits once one of the following 2 conditions has occurred:

- All the weeks of benefits to which you were entitled to have been paid. This occurs when the number of weeks displayed in the "Weeks of Regular Benefits Paid" row is equal to the number of weeks displayed in the "Total Weeks of Regular Entitlement".
  OR
- The "End Date of Claim" has been reached.

Note: In certain situations, the "End Date of Claim" may be extended. Consult the Service Canada website "For how long will I receive benefits?" for additional information.

# Income Support Stub (Example AISH)

- We accept an Expiry Date up to 2 months prior



**Direct Deposit Statement**

[redacted]

Your benefit payment has been deposited to your bank account.

Bank: [redacted]

Sequence No.: [redacted]

CALGARY

OCT 2024

**DEPOSIT DETAILS**

[redacted]

[redacted] 0019926

Deposit date: [redacted]

Deposit No.: [redacted]

Amount: [redacted]

**IMPORTANT:**

**If you move, change or close your bank account you must notify your worker IMMEDIATELY!**

Alberta

REPORTING REQUIREMENTS - REMINDER
PLEASE REPORT ANY INCOME OR CHANGES IN YOUR CIRCUMSTANCES AND SUBMIT ANY REQUESTED DOCUMENTS OR INFORMATION AS SOON AS POSSIBLE. EXAMPLES OF INCOME INCLUDE E-TRANSFERS, CANADA PENSION PLAN (CPP), EMPLOYMENT INSURANCE (EI), OR STUDENT FUNDING/STUDENT AID.

**Budget Information**

Description [redacted]

Amount $ [redacted]

HEALTH BENEFITS CARD

Alberta

Hlth Ben Card No.: [redacted]

[redacted]

Recipient's Card No. Office/Unit/Caseload

[redacted]

Persons covered: ( * Not Covered )

[redacted]

This card will help you get health benefits covered by Income Support/AISH. This card is non-transferable and only covers the people listed below. Abuse may result in cancellation and legal action.

Signature of Recipient (use pen)

CARD NOT VALID OUTSIDE ALBERTA

Expiry Date OCT 31 2024

Birth date yyyy mm dd

Benefits for persons covered:

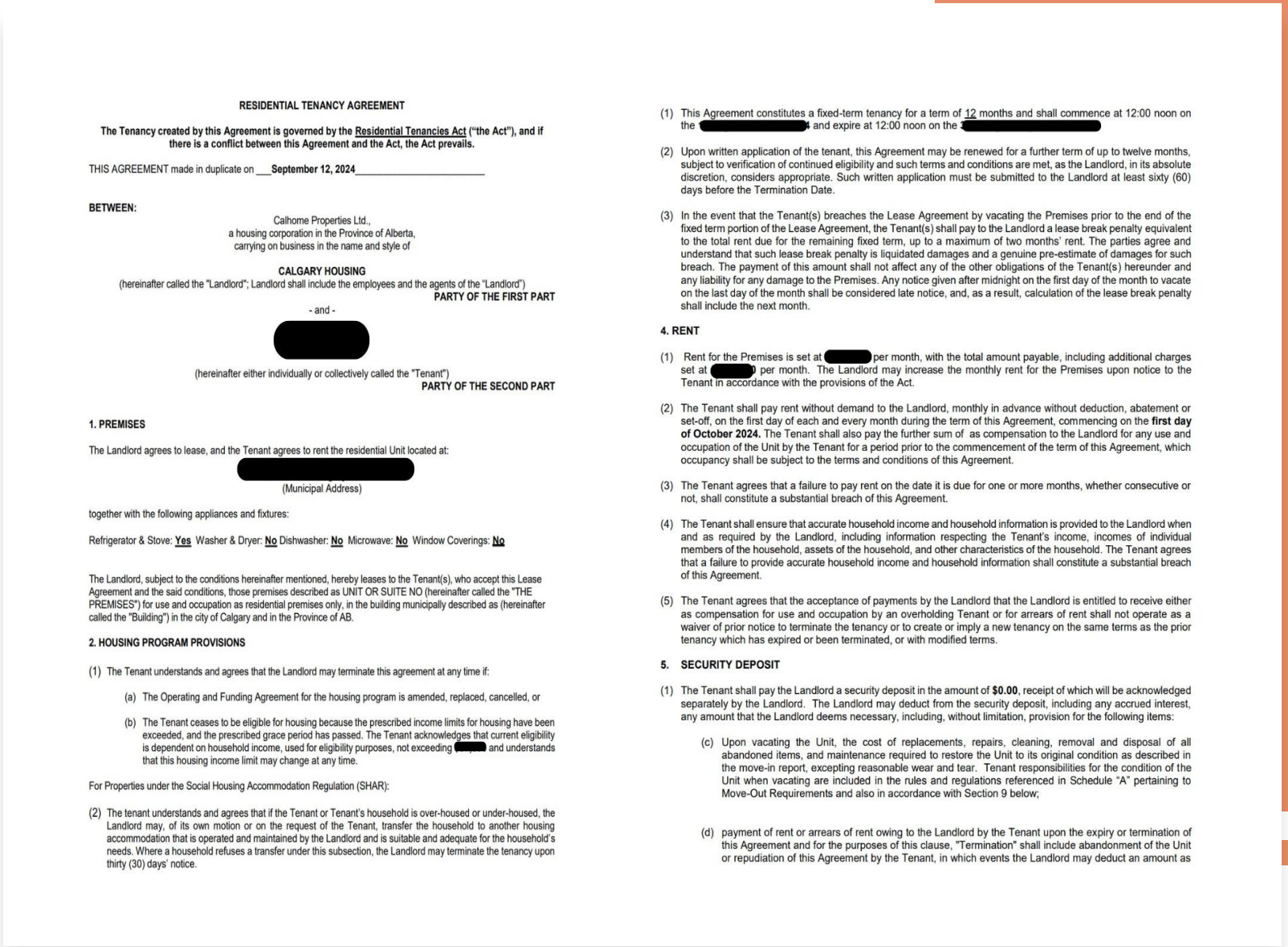
[redacted]

FOLD

FOLD

# Subsidized Housing Documentation

- We need to be able to see the Individuals on the Agreement & the Terms (Start & End Date of Tenancy)



**RESIDENTIAL TENANCY AGREEMENT**

**The Tenancy created by this Agreement is governed by the Residential Tenancies Act ("the Act"), and if there is a conflict between this Agreement and the Act, the Act prevails.**

THIS AGREEMENT made in duplicate on ___**September 12, 2024**_____

**BETWEEN:**

Calhome Properties Ltd.,
a housing corporation in the Province of Alberta,
carrying on business in the name and style of

**CALGARY HOUSING**
(hereinafter called the "Landlord"; Landlord shall include the employees and the agents of the "Landlord")
**PARTY OF THE FIRST PART**

- and -

[redacted]
(hereinafter either individually or collectively called the "Tenant")
**PARTY OF THE SECOND PART**

**1. PREMISES**

The Landlord agrees to lease, and the Tenant agrees to rent the residential Unit located at:

[redacted]
(Municipal Address)

together with the following appliances and fixtures:

Refrigerator & Stove: **Yes** Washer & Dryer: **No** Dishwasher: **No** Microwave: **No** Window Coverings: **No**

The Landlord, subject to the conditions hereinafter mentioned, hereby leases to the Tenant(s), who accept this Lease Agreement and the said conditions, those premises described as UNIT OR SUITE NO (hereinafter called the "THE PREMISES") for use and occupation as residential premises only, in the building municipally described as (hereinafter called the "Building") in the city of Calgary and in the Province of AB.

**2. HOUSING PROGRAM PROVISIONS**

(1) The Tenant understands and agrees that the Landlord may terminate this agreement at any time if:

(a) The Operating and Funding Agreement for the housing program is amended, replaced, cancelled, or

(b) The Tenant ceases to be eligible for housing because the prescribed income limits for housing have been exceeded, and the prescribed grace period has passed. The Tenant acknowledges that current eligibility is dependent on household income, used for eligibility purposes, not exceeding [redacted] and understands that this housing income limit may change at any time.

For Properties under the Social Housing Accommodation Regulation (SHAR):

(2) The tenant understands and agrees that if the Tenant or Tenant's household is over-housed or under-housed, the Landlord may, of its own motion or on the request of the Tenant, transfer the household to another housing accommodation that is operated and maintained by the Landlord and is suitable and adequate for the household's needs. Where a household refuses a transfer under this subsection, the Landlord may terminate the tenancy upon thirty (30) days' notice.

(1) This Agreement constitutes a fixed-term tenancy for a term of 12 months and shall commence at 12:00 noon on the [redacted] and expire at 12:00 noon on the [redacted]

(2) Upon written application of the tenant, this Agreement may be renewed for a further term of up to twelve months, subject to verification of continued eligibility and such terms and conditions are met, as the Landlord, in its absolute discretion, considers appropriate. Such written application must be submitted to the Landlord at least sixty (60) days before the Termination Date.

(3) In the event that the Tenant(s) breaches the Lease Agreement by vacating the Premises prior to the end of the fixed term portion of the Lease Agreement, the Tenant(s) shall pay to the Landlord a lease break penalty equivalent to the total rent due for the remaining fixed term, up to a maximum of two months' rent. The parties agree and understand that such lease break penalty is liquidated damages and a genuine pre-estimate of damages for such breach. The payment of this amount shall not affect any of the other obligations of the Tenant(s) hereunder and any liability for any damage to the Premises. Any notice given after midnight on the first day of the month to vacate on the last day of the month shall be considered late notice, and, as a result, calculation of the lease break penalty shall include the next month.

**4. RENT**

(1) Rent for the Premises is set at [redacted] per month, with the total amount payable, including additional charges set at [redacted] per month. The Landlord may increase the monthly rent for the Premises upon notice to the Tenant in accordance with the provisions of the Act.

(2) The Tenant shall pay rent without demand to the Landlord, monthly in advance without deduction, abatement or set-off, on the first day of each and every month during the term of this Agreement, commencing on the **first day of October 2024.** The Tenant shall also pay the further sum of as compensation to the Landlord for any use and occupation of the Unit by the Tenant for a period prior to the commencement of the term of this Agreement, which occupancy shall be subject to the terms and conditions of this Agreement.

(3) The Tenant agrees that a failure to pay rent on the date it is due for one or more months, whether consecutive or not, shall constitute a substantial breach of this Agreement.

(4) The Tenant shall ensure that accurate household income and household information is provided to the Landlord when and as required by the Landlord, including information respecting the Tenant's income, incomes of individual members of the household, assets of the household, and other characteristics of the household. The Tenant agrees that a failure to provide accurate household income and household information shall constitute a substantial breach of this Agreement.

(5) The Tenant agrees that the acceptance of payments by the Landlord that the Landlord is entitled to receive either as compensation for use and occupation by an overholding Tenant or for arrears of rent shall not operate as a waiver of prior notice to terminate the tenancy or to create or imply a new tenancy on the same terms as the prior tenancy which has expired or been terminated, or with modified terms.

**5. SECURITY DEPOSIT**

(1) The Tenant shall pay the Landlord a security deposit in the amount of **$0.00**, receipt of which will be acknowledged separately by the Landlord. The Landlord may deduct from the security deposit, including any accrued interest, any amount that the Landlord deems necessary, including, without limitation, provision for the following items:

(c) Upon vacating the Unit, the cost of replacements, repairs, cleaning, removal and disposal of all abandoned items, and maintenance required to restore the Unit to its original condition as described in the move-in report, excepting reasonable wear and tear. Tenant responsibilities for the condition of the Unit when vacating are included in the rules and regulations referenced in Schedule "A" pertaining to Move-Out Requirements and also in accordance with Section 9 below;

(d) payment of rent or arrears of rent owing to the Landlord by the Tenant upon the expiry or termination of this Agreement and for the purposes of this clause, "Termination" shall include abandonment of the Unit or repudiation of this Agreement by the Tenant, in which events the Landlord may deduct an amount as