



Leisure Inclusion For Everyone (LIFE) Program

2025 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 A	<ul style="list-style-type: none"> • \$100 program credit which can be used on any registered opportunity • 70 MYPASS visits that can be used wherever MYPASS is accepted for drop-in admission* (includes free skates, helmets, and/or locker tokens)
Option B	<ul style="list-style-type: none"> • \$200 program credit which can be used on any registered opportunity • 52 MYPASS visits that can be used wherever MYPASS is accepted for drop-in admission* (includes free skates, helmets, and/or locker tokens)
Option C	<ul style="list-style-type: none"> • \$300 program credit which can be used on any registered opportunity • 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 2025 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 Income is under	\$25,146	\$31,304	\$38,484	\$46,726	\$52,996	\$59,771	\$66,546

Source: [Statistics Canada LICOs for a population 30,000 to 99,999, 2022 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.

PERSONAL INFORMATION

Applicant Name: _____

Street Address: _____ Postal Code: _____

City: _____ Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

OFFICE USE ONLY	FAMILY MEMBERS <i>(Last Name, First Name including applicant)</i>	M/F/ Other	AGE	BIRTH DATE <i>(mm/dd/yy)</i>	PROGRAM OPTION <i>(Please select one per person)</i>		
					Option A \$100/70	Option B \$200/52	Option C \$300/35
	<i>Applicant Name</i>						

DECLARATION

I, _____, hereby declare that:

- a) I am a resident of the Sunshine Coast
- b) There are _____ people in my household
- c) The total income of my household is (please check one):
 - \$ _____ *(sum of the income before taxes – line 15000 on the Notice of Assessment – of all adults over the age of 16 in the household)*
 - Not declared. Please see the Agency Referral form submitted with my application.
- d) I understand that the SCRD reserves the right to request supporting documentation to verify the information provided on this application
- e) I recognize that it is a serious offence to provide false information on this form
- f) I consent to the SCRD contacting me regarding this application, the LIFE Program itself, and to request feedback

Signature: _____ Date: _____

PRIVACY OF INFORMATION

The personal information you provide on this form is being collected under the authority of the Local Government Act. Your personal information is protected by the privacy provisions of the Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of this information, please contact the Information and Privacy Coordinator, 1975 Field Road, Sechelt, BC, V7Z 0A8, 604-885-6800.

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FOR OFFICE USE ONLY

Date received: _____

Approved / Rejected, If rejected, reason: _____

Date Processed: _____

Statistics entered: _____