

Before completing this application, please see the back of this form for important program information.

Section A - Applicant's personal information (Please print)				
Title (e.g. Mr, Mrs, Miss, Ms, Dr)	Last name			Personal health number
First name	Middle name			
Mailing address				
City	Province	Postal code	Date of Birth (year/month/day)	

**Section B - Calculation on Combined Taxable Income**

Waiver of the cost-share portion is based on your average **gross** monthly income before deductions for the three calendar months before the date this application is signed. For example if you sign the application in July, your gross incomes for April, May and June are required. To qualify for waiver, your average **gross** monthly income cannot exceed \$1,430 for a single applicant and \$2,270 for a family with no children, or \$2,670 for a family with children.

Source of income reported	Give the three months before the date this application is signed (See above example)	Applicant's Gross Income	Spouse's/ Partner's Gross Income	Family Gross Income
If your gross income is zero (0), please explain how you meet your monthly expenses.	1.			
	2.			
Name of employer (if not employed, state name of last employer)	3.			
Date left employment (if applicable)	TOTALS ➡			
Year                      Month                      Day				

**Section C - Certification**

**If this section is not signed, dated and verification of income is not included, your application will not be processed and will be returned to you.**

Please read, check (✓) each box, sign and attach the supporting document(s).

- I certify that information given by me in this application is true and correct.
- I have attached verification of three months' income.

This application must be returned to Alberta Aids to Daily Living within 21 days from the date signed.

Applicant's signature <b>X</b>	Date	Home phone Area code (      )	Work phone
Spouse's/partner's signature <b>X</b>	Date	Home phone Area code (      )	Work phone

This is for those people who do not qualify for cost-share exemption but who, because of more recent financial difficulty are unable to pay their cost-share portion. To apply for this, we require your gross income for each of the three months before the date you sign this application. If you are not single, you must include income for your spouse/partner.

Please refer to the list below for examples of gross income to include

- Income from employment
- Employment Insurance benefits
- Workers' Compensation benefits
- Veteran's benefits
- Grants
- Benefits under any policy, insurance or annuity contract
- Payments received from unions during labour disputes
- Disability benefits
- Maintenance payments received
- Training allowance
- Pension benefits
- RRSP withdrawals
- Severance payouts
- Income from a business or self-employment\*
- Farm or rental income\*
- Investment income\*
- Commission income\*

\*Note: Expenses incurred earning these types of income may be deducted if details are provided.

### **Please note:**

- Do not include child tax benefits, student loans or GST credits as gross income.

**All other sources of income must be included.**

## **Adult interdependent partners**

Couples who are not married may apply as adult interdependent partners. An adult interdependent partner is a person who lives together with another person in a relationship of interdependence:

- for a continuous period of not less than 3 years, or
- of some permanence, if there is a child of the relationship by birth or adoption, or
- if the registrant and partner have entered into an adult interdependent partner agreement.

*Adult interdependent partners will hereafter be referred to as “partner”.*