

# Financial Assistance Application Form

(See details in brochure)

- Applicant must be a Town of Whitchurch-Stouffville resident
- This form **MUST** be completed before a subsidy can be assessed
- This form must be accompanied by a completed program registration form and proof of income and residency
- Consideration will be made for special circumstances

## Part A: Adult/Parent/Guardian Information

(Please print clearly)

Last Name	First Name	Home Telephone Number
Address	City/Town Postal Code	Work Telephone Number
Email:		

## Part B: Family Composition – adults and children

Name	Date of Birth(mm/dd/yyyy)	School/Occupation

## Part C: Financial Information

Family Size	1	2	3	4	5	6	7
Low Income Cutoffs	\$25,921	\$32,270	\$39,672	\$48,167	\$54,630	\$61,613	\$68,598

TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

I agree that the above information supplied with this application is true and correct.

- **Proof of Town of Whitchurch-Stouffville Residency:** Attach a copy of a property tax bill, utility bill, driver's license or similar documentation with the applicant's address on it.
- **Proof of Income:** Attach a copy of your current Notice of Assessment (from Income Tax) OR 2 consecutive pay stubs OR your Ontario Disability Support Program Income Statement.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Information provided by the applicant and contained within the application form and any applicable attachments, is collected under the authority of the Freedom of Information and Protection of Privacy Act and will be used to assess financial assistance for the Town of Whitchurch-Stouffville, Department of Leisure and Community Services programs. If you have questions about this collection, please call 905-640-1910, ext. 2222. **ALL INFORMATION IS CONFIDENTIAL.**

Date and Time received

### FOR OFFICE USE ONLY

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| <input type="checkbox"/> | Jumpstart | PLAY               |
| <input type="checkbox"/> | Join IN   | Y/R Child Care Fee |