



RECREATION & CULTURE

Financial Assistance Application Form

Call 905-619-2529 x7253 for any questions or to see if you qualify for a 34% discount

- ◆ This form is an application for Financial Assistance only. You will also need to complete registration and/or membership forms separately.
- ◆ Access to Financial Assistance for eligible persons is determined by Council policy and Recreation & Culture department criteria.
- ◆ Please PRINT clearly and drop off at one of our community centers: Ajax or McLean Community Centre, or Audley Recreation Centre.

Applicant (Main contact)			
Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			Apt. / Unit #:
City		Province Ontario	Postal code:
Home Telephone	Cell/Work Phone	E-mail Address <input type="checkbox"/> Private	

Spouse / Partner			
Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Children			
1. Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
3. Last name	First name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female
4. Last name	First Name	Date of Birth (dd/mm/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Programs interested in: _____

50% Discount	No other documentation is to be accepted.	34% Discount*	No other documentation is to be accepted.
<input type="checkbox"/> Drug Benefit Eligibility Card for proof of Ontario Disability Support Program (ODSP) or Ontario Works (OW) OR		<input type="checkbox"/> Applicant 's Notice of Assessment	
<input type="checkbox"/> Approval Letter from Durham Region Social Services OR		<input type="checkbox"/> Spouse/Partner 's Notice of Assessment	
<input type="checkbox"/> CPP Disability Letter OR T4A showing Disability Income		*Please note: Discount only applied if approved before registration. Notice of Assessment(s) must be received to process your application.	

Proof of Ajax Residency for both programs		No other documentation is to be accepted.
<input type="checkbox"/> Driver's License OR	<input type="checkbox"/> Drug Benefit Card with proof of address OR	
<input type="checkbox"/> Health Card with Address OR	<input type="checkbox"/> Rental/Lease agreement with address	
<input type="checkbox"/> Utility Bill from previous month showing address OR		

I, _____, have completed this application form for the **Financial Assistance Program** and state that the information I have provided is accurate to the best of my knowledge. I agree to accept financial responsibility for the program(s) myself and my family are registered in, should my application be denied.

Applicant's signature	Date (dd/mm/yyyy)
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Personal information on this form is collected under the authority of the Municipal Act, S. 11 to be used by Recreation & Culture staff for the purpose of processing your application and sending program information to the Town of Ajax. Questions about this collection may be directed to the FOI Coordinator, 65 Harwood Avenue South, Ajax, Ontario L1S 2H9.

For Office Use ONLY			
Applicant ID verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	Documentation Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	Address verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Information entered into CLASS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Declined	Setup in CLASS: <input type="checkbox"/> Yes <input type="checkbox"/> No % _____	
Received by Name: _____	Signature: _____ (CSR Signs if receiving 34%)	Date: (dd/mm/yyyy)	
Processed by Name: _____	Signature: _____ (CSR Signs if approving 50%)	Date: (dd/mm/yyyy)	