

Call 905-619-2529 x7247 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 & Community Development criteria.
- ◆ Please **PRINT** clearly and drop off at one of our community centres: 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		34% Discount*	
No other documentation is to be accepted.		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"/> Approval Letter from Durham Region Social Services OR <input type="checkbox"/> CPP Disability Letter OR T4A showing Disability Income		<input type="checkbox"/> Applicant 's Notice of Assessment <input type="checkbox"/> Spouse/Partner 's Notice of Assessment <input type="checkbox"/> Canada Child Tax Benefit Statement listing eligible dependents (if applicable)	
*Please note: Discount only applied if approved before registration. All documentation 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 Licence OR <input type="checkbox"/> Health Card with Address OR <input type="checkbox"/> Utility Bill from previous month showing address OR		<input type="checkbox"/> Drug Benefit Card with proof of address OR <input type="checkbox"/> Rental/Lease agreement with address	
I, _____, have completed this application for Financial Assistance and state that the information I have provided is accurate to the best of my knowledge. I also acknowledge and accept that some of this information may be shared with Canadian Tire Jumpstart Program for the purposes of administering financial assistance. 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)
Personal information on this form is collected under the authority of the Municipal Act, S. 11 to be used by Recreation, Culture & Community Development 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 ACTIVE: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Outcome: <input type="checkbox"/> Approved <input type="checkbox"/> Declined		Setup in ACTIVE: <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)