

Applicant Full Name [first,last]

Phone Number

Your Address

Address:

City:

Postal Code:

Email:

Applicant's Family Situation

 Married

 Divorced

 Common Law

 Separated

 Single

 Other_____

Household

Total # household members

Children

Other Dependents

please describe the household by listing every member

Full Name and Date of Birth

Applicant's Declaration

Two Parent Family

- Both are employed
- Both are enrolled in studies
- One is employed, the other enrolled in studies
- Both are unemployed
- One is employed, the other is unemployed
- One is enrolled in studies, the other is unemployed

Single Parent Family

- I am employed
- I am enrolled in studies
- I am unemployed and receive unemployment Insurance
- I am unemployed and receive social aid
- Other _____

Proof of Identity per Household Member

Please provide one piece of ID for each household member, applicant's must have a photo

Check the appropriate boxes

- | | |
|--|---|
| <input type="checkbox"/> Acces Montreal card | <input type="checkbox"/> Driver's license |
| <input type="checkbox"/> Child(ren)'s birth certificate(s) | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Permanent resident card | <input type="checkbox"/> Refugee status certificate |
| <input type="checkbox"/> Quebec health insurance card | <input type="checkbox"/> Student card |

Proof of Residence

Please provide one proof of residence, address matching your ID

Check the appropriate boxes

- | | |
|--|---|
| <input type="checkbox"/> Electrical bill | <input type="checkbox"/> Gas Bill |
| <input type="checkbox"/> Lease | <input type="checkbox"/> Bank Statement |
| <input type="checkbox"/> Municipal Taxes | <input type="checkbox"/> Other_____ |

In order to determine your eligibility for financial assistance you must provide photocopies of the following supporting documents:

proof of annual income our available funds: two or more

- Most recent federal (T-451) or provincial (TPF-98) tax assessment.
- Claim booklet if you are receiving employment assistance (social assistance).
- Confirmation of employment insurance indicating the number of weeks and the amount of the benefits.
- Student loan statements.
- Record of Landing (IMM1000) (for newcomers to Canada).
- In addition, you can submit work contract/ pay stubs / bank statement / lease / loan documents that validate income and expenses.
Please describe: _____

To obtain a copy of your federal Notice of Assessment (T-45 J), call 1 800-959-7383. For your provincial Notice of Assessment (TPF-98), call 1 800-257-6299.

If you need help with your income and expense supporting documents please contact financialassistance@bgcdawson.ca

CONDITIONS

- Please note the form will be read by the person responsible for the Financial Assistance application and that the information provided will be treated confidentially.
- A discount percentage of 25%, 50% or 75% will be approved based on the financial assessment and be applicable for a full calendar year from the date of approval, to the regular rates for certain memberships, activities programs and services at BGC Dawson's discretion.
- BGC Dawson reserves the right to refuse inaccurate or incomplete requests and review in the course of the year the eligibility of persons who have received financial assistance under the Financial Assistance program.
- Any financial assistance granted makes you ineligible for other discounts.
- BGC Dawson will process your request upon receipt of all necessary supporting documents, please allow up to 7 business days for processing of the application.

I hereby certify that all information provided in this application is true and correct. I would like to apply for financial assistance because I am unable (not unwilling) to pay the full fee under any of the standard payment options. If my financial circumstances change, I will notify BGC Dawson to discuss my financial situation. If I fail to make payments my privileges may be suspended. I authorize the person responsible for the Financial Assistance Program at BGC Dawson to verify the accuracy of the information declared.

I understand that any misrepresentation shall result in the cancellation of my application.

Signature Of Applicant

Date yyyy/mm/dd

FOR OFFICE USE ONLY

New

Renewal

Financial assistance requested for one year as of approval date

Documents Provided

Discount % approved

Application Verified by [Full Name]

Signature Of Executive Director

Date yyyy/mm/dd