



Financial Assistance Application form

Correspondence: Français English

Last name: _____
(If the request is for a child, please write the name of one of the parents.)

Address: _____

City: _____

Province: _____ Postal code: _____

First name: _____ Sex: M
F
NB

Date of birth: ____ / ____ / ____
yyyy mm dd

Cell: _____ Home: _____

Email: _____

Have you ever been a member? Yes No

If yes, at which YMCA centre? _____

Family status: Single With partner Single parent With partner and child(ren) Number of family members: _____

Household composition:
List all members of your family who live with you (adults and children). Do not include roommates.

Last Name, First Name	Sex	Date of Birth
_____	M F NB	____ / ____ / ____ aaaa mm jj
_____	M F NB	____ / ____ / ____ aaaa mm jj
_____	M F NB	____ / ____ / ____ aaaa mm jj
_____	M F NB	____ / ____ / ____ aaaa mm jj

For office use only:


New Renewal YMCA centre: _____

Financial assistance requested for the following service:
Membership Aquatic activities Camp Kanawana À la carte classes Other (specify): _____

Discount granted (percentage): _____%

Proof of identity verified by _____
(please print your last name and first name): aaaa mm jj

Signature _____
(person responsible for financial assistance application): Comments: _____



IN ORDER TO DETERMINE YOUR ELIGIBILITY, WHETHER IT IS A NEW APPLICATION OR RENEWAL*, YOU MUST PROVIDE PHOTOCOPIES OF THE FOLLOWING SUPPORTING DOCUMENTS:

Proof of gross annual income or available funds

Proof of income or available funds is required for all family members at the time of application (partner and dependent children living at the same address). – *Check the applicable box(es).*

Most recent federal (T-451) or provincial (TPF-98) tax assessment (*mandatory for all requests*).

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 (IMM 1000) (for newcomers to Canada)

To obtain a copy of your federal Notice of Assessment (T-451), call 1 800-959-7383. For your provincial Notice of Assessment (TPF-98), call 1 800-267-6299.

Proof of identity for each family member (with photo) – Check the appropriate box(es).

Accès Montréal card

Permanent resident card

Child(ren)'s birth certificate(s)

Québec health insurance card

Driver's license

Refugee status certificate

Passport

Student card

Proof of residence – Check the appropriate box(es).

Electrical bill

Municipal taxes bill

Condo fee bill

Other

Natural gas bill

(specify):

Conditions:

- Please note that this form will be read by the person responsible for the Financial Assistance application and that the information provided will be treated confidentially.
- Discounts apply to the adult rate for memberships and to the regular rate for certain classes, activities, and services. Assistance is offered for a one-year period, in which case assistance is limited to one session only. Assistance is based on income and can vary by service.
- The YMCAs of Québec reserve the right to:
 - limit discounts on certain classes or programs;
 - review (at any time) the eligibility of persons who have received financial assistance under the Financial Assistance policy;
 - refuse incomplete or inaccurate requests.
- The YMCAs of Québec will process your request as quickly as possible once all the supporting documents have been provided. Once the request is approved, you can claim your discount by visiting your YMCA centre's Member Services counter within three months. If you do not claim your discount within this period, you must submit a new request.

I declare that all the information is accurate. I would like to apply for YMCA 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 the YMCA to discuss my financial situation. If I fail to make the payments, my privileges may be suspended.

Applicant's signature:

____ / ____ / ____
yyyy / mm / dd

* Supporting documents are not kept on file from one application or year to another.