



# Financial Assistance Application Form

## Correspondence:

Français  English

### PERSONAL INFORMATION

Last name \_\_\_\_\_  
*(If the request is for a child, please write the name of one of the parents.)*

First name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex  M  F  
yyyy mm dd

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_

Cell \_\_\_\_\_

Home \_\_\_\_\_

Email \_\_\_\_\_

Have you ever been a member?  Yes  No  
If yes, at which YMCA centre? \_\_\_\_\_

### FAMILY STATUS

Single  Single parent  With partner  With partner and child(ren)

Number of family members: \_\_\_\_\_

#### ADDITIONAL FAMILY MEMBERS

If the request applies to other family members, please complete the following:

Last Name, First Name	Sex	Date of Birth
	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ <small>yyyy mm dd</small>
	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ <small>yyyy mm dd</small>
	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ <small>yyyy mm dd</small>
	<input type="checkbox"/> M <input type="checkbox"/> F	____/____/____ <small>yyyy mm dd</small>

### FOR OFFICE USE ONLY

New  Renewal YMCA centre: \_\_\_\_\_

Financial assistance requested for the following service:

- À la carte classes
- Aquatic activities
- Camp YMCA Kanawana
- Day camps
- Membership
- YMCA International Language School
- Other (specify): \_\_\_\_\_

Discount granted (percentage): \_\_\_\_\_ %

Proof of identity verified by (please print your last name and first name):  
\_\_\_\_\_

Signature (person responsible for financial assistance application):  
\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy mm dd

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).*

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

**PROOF OF RESIDENCE**

*Check the appropriate box(es).*

- |   |  |
|---|--|
| <input type="checkbox"/> Electrical bill  | <input type="checkbox"/> Municipal taxes bill      |
| <input type="checkbox"/> Condo fee bill   | <input type="checkbox"/> Other ( <i>specify</i> ): |
| <input type="checkbox"/> Natural gas bill |  |

**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 "month-to-month network" rate for memberships and to the regular rate for certain classes, activities, and services. Assistance is offered for a one-year period, with the exception of language instruction, 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

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
      yyyy      mm      dd

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