

**Applications must be completed in full in order to be processed. Please allow 7-14 days for processing time.
 You must include proof of income for every adult (non-student over the age of 18) within the household.**

SECTION 1: APPLICANT INFORMATION

| | | | |
|---|---------------|---------------------------------|--|
| Name: | | Date of Birth: (dd/mm/yyyy) | |
| Street Address: | | | |
| Apt/Suite Number: | City/Town: | Postal Code: | |
| Home Phone: | Cell Phone: | Email Address: | |
| How would you like us to contact you? Please check one: <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> By Email | | | |
| Do you currently have a membership with Dovercourt Recreation Association?: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Do you have any medical conditions? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please describe: | | | |
| Emergency Contact Name: | Relationship: | Emergency Contact Phone Number: | |

| <i>PLEASE NOTE: DOCUMENTATION MUST BE ATTACHED FOR EACH APPLICABLE ITEM</i> | Amount | Proof Attached (C/S initial): |
|--|--------|----------------------------------|
| Gross Monthly Income from Employment (include most recent pay stub) | \$ | |
| Gross Monthly Income from Child and Spousal Support Payments (include receipts or court documentation) | \$ | |
| Monthly Canada Child Tax Benefit Payment (include statement or bank record) | \$ | |
| Gross Monthly Income Supplement, such as EI, Social Assistance, ODSP, etc. (include most recent stub) | \$ | |
| Other Income | \$ | |

SECTION 2: SPOUSAL / CO-APPLICANT INFORMATION (if applicable)

| | | | |
|--|---------------|---------------------------------|--|
| Name: | | Date of Birth: (dd/mm/yyyy) | |
| Address (if different from applicant's): include street address, city and postal code | | | |
| Do you have any medical conditions? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, please describe: | | | |
| Emergency Contact Name: | Relationship: | Emergency Contact Phone Number: | |

| <i>PLEASE NOTE: DOCUMENTATION MUST BE ATTACHED FOR EACH APPLICABLE ITEM</i> | Amount | Proof Attached (C/S initial): |
|--|--------|----------------------------------|
| Gross Monthly Income from Employment (include most recent pay stub) | \$ | |
| Gross Monthly Income from Child and Spousal Support Payments (include receipts or court documentation) | \$ | |
| Monthly Canada Child Tax Benefit Payment (include statement or bank record) | \$ | |
| Gross Monthly Income Supplement, such as EI, Social Assistance, ODSP, etc. (include most recent stub) | \$ | |
| Other Income | \$ | |

SECTION 3: DEPENDENT(S) INFORMATION (if applicable)

| | | |
|--|----------------------|--|
| Name: | | Date of Birth: (dd/mm/yyyy) |
| Address (if different from applicant's): include street address, city and postal code | | |
| Do you have any medical conditions? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please describe: | | |
| Emergency Contact Name: | Relationship: | Emergency Contact Phone Number: |

| | | |
|--|----------------------|--|
| Name: | | Date of Birth: (dd/mm/yyyy) |
| Address (if different from applicant's): include street address, city and postal code | | |
| Do you have any medical conditions? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please describe: | | |
| Emergency Contact Name: | Relationship: | Emergency Contact Phone Number: |

| | | |
|--|----------------------|--|
| Name: | | Date of Birth: (dd/mm/yyyy) |
| Address (if different from applicant's): include street address, city and postal code | | |
| Do you have any medical conditions? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please describe: | | |
| Emergency Contact Name: | Relationship: | Emergency Contact Phone Number: |

| | | |
|--|----------------------|--|
| Name: | | Date of Birth: (dd/mm/yyyy) |
| Address (if different from applicant's): include street address, city and postal code | | |
| Do you have any medical conditions? Please check one: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If yes, please describe: | | |
| Emergency Contact Name: | Relationship: | Emergency Contact Phone Number: |

| OFFICE USE ONLY | | | | | |
|-------------------------------|-------------------------|-----------------------------|-----------------------------|------------------------|----------|
| Intake Completed by: | | Date of Application: | | Membership No.: | |
| In Catchment: YES NO | Family Size: | Total Family Income: | | APPROVED | DECLINED |
| Approval Processed by: | | | Processed Date: | | |
| Tracked: | Subsidy Applied: | | Applicant Contacted: | | |

SECTION 5: REQUESTED PROGRAMS/ COURSES

| Participant Name | Requested Programs, days & times etc |
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FINANCIAL ASSISTANCE GUIDELINES

Applicants must be residents of the City of Ottawa.

Applicants will be processed on a first-come, first-served basis.

Proof of income must accompany all application forms and must be recent (anything over 3 months old will not be considered).

Please include your most recent Notice of Assessment, as well as all other relevant statements. For example: pay stubs, your Child tax Benefit statements, your ODSP statement, etc.

As a local charity, subsidy funding priority is given to those living within our designated catchment area, which includes the area bordered by the Ottawa River to the North, Parkdale Avenue to the East, Carling and/or the Queensway (whichever is furthest) to the South, and the Western Parkway to the west. If you reside outside of this area, but are still a resident of Ottawa, you are still welcome to apply to Dovercourt for assistance, however we encourage you to also apply to the City of Ottawa's "Hand In Hand" program for funding assistance at City-run centres.

Applicants may apply for assistance once per calendar year. Approved applicants will be provided with funding which is available for use in the same calendar year, and allocated in specific amounts to each member of the family. This funding is non-transferable between family members.

While Dovercourt Recreation Association may provide funding to participate in our programs, applicants are encouraged to seek funding from other sources. Dovercourt Recreation Association should not be considered a primary funding resource. There are other organizations that have both the mandate and greater resources for ongoing assistance.

Should the information provided be determined to be false or incomplete, the applicant(s) may be deemed ineligible for the Dovercourt Financial Assistance program.

I/We certify that the information and documentation provided is true and complete. I have read and understand the program guidelines and agree to abide by them.

| | |
|-------------------------|-------|
| Applicant Signature: | Date: |
| Co-applicant Signature: | Date: |
| Witness (CS Staff): | Date: |