

This financial Assistance form is for community members in financial need. Once the form is received, it will be *confidentially* reviewed and evaluated by the ICC Board of Directors.

**-Application Procedure:**

1. Complete all sections (Reasons for Assistance on pg. 1; Applicant Information pg. 2; and Assistance Application Worksheet pg. 3) of the form including signature and date.
2. Provide the ICC office with all required documents that state your income.

**NOTE:** Please attach documentation/receipts for income (Notice of Assessment) and expenditures including T4 for last year. Also, submit receipts for Child Tax Benefits, Rent and Family Benefits. **The application will be rejected if any section(s) is/are incomplete, including signature, or if official documentations are not submitted in support of the application.**

Reasons for Subsidy	
1.	Are you currently in receipt of Social Assistance? If yes, please provide documentations to support your request. The most recent two (2) pay stubs must be submitted. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>
2.	Are you seeking subsidy due to a medical condition or rehabilitation? If yes, please provide documentations to support the time frames of the medical condition/rehabilitation. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>
3.	Are you seeking help due to lack of work? If yes, please provide documentations on last time you and your spouse work including names of employer, occupation, indicate Full or Part Time job, Number of days/hours you work per week. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>
4.	Are you seeking subsidy due to employment/education search? If yes, please provide documentations relating to your employment/education search <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>
5.	Are you seeking subsidy because of a short-term emergency? If yes, please explain the nature of the emergency and if you have been referred by an agency provide the agency/worker's name and phone number. <span style="float: right;"><input type="checkbox"/> No <input type="checkbox"/> Yes</span>

**Applicant and Spouse Declaration**

**With Allah as my witness:**

1. I/we certify that all the statements contained in the foregoing application are true, and that I/we have not concealed or omitted any information required to be given.
2. With all honesty, I/we have provided all income sources whether they are reported in official government documentations or not.
3. I/we fully understand that providing any inaccurate, fraudulent, incorrect, deceiving and/or misleading information in this application may/will cause injustice to another party (ie. unfair burden on resources)
4. I/we agree to notify the ICC of any changes in my/our social or financial circumstances.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Spouse Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Applicant Information

Please enter below, all required information about the Applicant (Section A), Spouse (Section A), Children (Section B) and the Family Situation (Section D-H)

A. Personal Information				
<b>Applicant Name:</b>	Last	First	Middle	
<b>Spouse Name:</b>	Last	First	Middle	
Address of Residence		City	Postal Code	
Telephone (Home)	Telephone (Work)		Spouse's Telephone	
Applicant's Occupation		Spouse's Occupation		
Name of Applicant's Employer		Telephone Number of Applicant's Employer		
Address of Applicant's Employer <i>(Address, City, Province, Postal Code)</i>				
Name of Spouse's Employer		Telephone Number of Spouse's Employer		
Address of Spouse's Employer <i>(Address, City, Province, Postal Code)</i>				
Number of Applicant Dependants	Applicant's Social Insurance Number		Spouse's Social Insurance Number	
B. Children Attending School				
No.	Name	Gender	Grade next year	
1				
2				
3				
4				
5				
6				
7				
<b>C. Income (\$/month)</b> <i>(complete worksheet on Page. 2)</i>	Applicant's Income		Spouse's Income	
<b>D. Authorization:</b>	I authorize the ICC Board of Directors to obtain such factual and investigative information as permitted by law.			
Applicant's Signature		Date	Spouse's Signature	
		Date		

## Application Worksheet

The worksheet below will help you fill out the bursary application on Page 1. Remember to attach documentation for each of the amounts on the worksheet (ie. food, gas, clothing)

Section A: Income (\$/month)				
Line	Sources of Applicant's Income	Yearly Amount (\$)	Divide	Monthly Amount (\$)
1.	Employment		/12	
2.	Child Tax Benefit		/12	
3.	HST Rebate		/3	
4.	Social Assistance		/12	
5.	Disability Benefits		/12	
6.	Child Support		/12	
7.	Total of Other Sources of Income (specify below)		/12	
	<b>Total (add lines 1-7)</b>		/12	
Specify other sources of applicant's income:		1.	2.	3.
Line	Sources of Spouse's Income	Yearly Amount (\$)	Divide	Monthly Amount (\$)
1.	Employment		/12	
2.	Child Tax Benefit		/12	
3.	HST Rebate		/3	
4.	Social Assistance		/12	
5.	Disability Benefits		/12	
6.	Child Support		/12	
7.	Total of Other Sources of Income (specify below)		/12	
	<b>Total (add lines 1-7)</b>		/12	
Specify other sources of spouse's income:		1.	2.	3.

**All the above information is complete and correct.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Office Use Only:

Director's notes: \_\_\_\_\_

Assistance amount: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Chairman's Signature: \_\_\_\_\_