

Application for Financial Assistance



Applicant (Parent or Guardian)

First and Last Name of Applicant _____

First and Last Name of Spouse (regardless of marital status) _____

Address _____

Street _____

City _____

Postal Code _____

Home Telephone Number _____

Business Telephone Number _____

Applicant's Family Situation

Married

Separated

Divorced

Widowed

Single

Common-Law Partnership

Number of dependents: _____

Adult(s) _____

Child(ren) _____

Age _____

Age _____

Age _____

Age _____

Beneficiaries (17 years and under) and Activities/Courses of Interest

First and Last Name: _____ Age: _____

→ Requested courses or activities: _____ Cost: \$ _____

First and Last Name: _____ Age: _____

→ Requested courses or activities: _____ Cost: \$ _____

First and Last Name: _____ Age: _____

→ Requested courses or activities: _____ Cost: \$ _____

Total: \$ _____

Applicant's Declaration

Two-Parent Family:

- Both are employed.
- Both are enrolled in studies.
- One is employed, the other is 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: _____

Family Income

A. Gross Annual Income from all Sources During the Previous Year: \$ _____

(as declared on your income tax return and that of your spouse, if applicable)

B. Other Benefits

Social Aid	\$ _____	Unemployment Insurance	\$ _____
Child Support	\$ _____	Federal Family Allowance	\$ _____
Housing Allowance	\$ _____	Provincial Family Allowance	\$ _____
Other	\$ _____	Loans and Bursaries	\$ _____

Total Income: (a + b) = \$ _____

MONTHLY Amount of Mortgage or Rent (Including Heating and Electricity): \$ _____

Comments:

Additional information on reverse side

Please Submit Your Request to:

Centre sablon
4265 Papineau Avenue, Montreal, Quebec, H2H 1T3
Attn: Pascale Bibeau
Phone: 514-527-1256, ext. 320 / Fax: 514-527-3220
pbibeau@centresablon.com

Your request will only be processed upon receipt of the requested supporting documents.

Please allow up to 7 business days for processing.

Required Supporting Documents to Include in Your Application:

- | | |
|---|--|
| 1. Notice of Assessment | 2. Copy of Tax Benefit for Child(ren) |
| If You Do Not Have a Notice of Assessment: | |
| 1. Copy of T-4 and/or Relevé 1 | 3. Copy of RL-5 or a Letter from the Social Aid Office |
| 2. Copy of Unemployment Insurance Benefits for the Current Year | |

Important Notice: Failure to provide requested documents may preclude the assessment of your application and the confirmation of your reservation.

The information provided in this application shall be treated as strictly confidential. You may provide us with any other information that may help assess your application.

I hereby certify that all information provided in this application is true and correct. I authorize the managers of the sablon centre to verify the accuracy of the information declared. I understand that any misrepresentation shall result in the cancellation of my application. I declare that I am aware that any financial assistance granted makes me ineligible for other discounts.

Signature of Applicant

Date

Section Reserved for the Assessment Committee

Eligibility of Request: Yes No Justification: _____

Beneficiary 1: _____

Beneficiary 2: _____

Cost of Requested Activities = \$_____

Cost of Requested Activities = \$_____

Total Cost = \$_____

Total Cost = \$_____

Applicable Taxes = \$_____

Applicable Taxes = \$_____

Total Cost Including Taxes = \$_____

Total Cost Including Taxes = \$_____

Paid by Applicant = \$_____

Paid by Applicant = \$_____

Financial Assistance Granted = \$_____

Financial Assistance Granted = \$_____

Beneficiary 3: _____

Beneficiary 4: _____

Cost of Requested Activities = \$_____

Cost of Requested Activities = \$_____

Total Cost = \$_____

Total Cost = \$_____

Applicable Taxes = \$_____

Applicable Taxes = \$_____

Total Cost Including Taxes = \$_____

Total Cost Including Taxes = \$_____

Paid by Applicant = \$_____

Paid by Applicant = \$_____

Financial Assistance Granted = \$_____

Financial Assistance Granted = \$_____

Authorized By: _____

Date of Assessment: _____