



# 2020-2021 Subsidy Application

**Member Name(s):**

**Parent/Guardian Name:**

**Spouse/Partner Name:**

**Home Phone:**

**Cell Phone:**

**Email Address:**

**Parent/Guardian Financial Info:**

Please tick all that apply

- I am currently unemployed  
 I am employed or self-employed  
 Name of Employer/Business

- I am a student  
 Name of Educational Institution

- Income assistance  
 CPP, Survivors benefits, CPP disability  
 Receive spousal/child support  
 Other income

**Spouse/Partner Financial Info:**

Please tick all that apply

- I am currently unemployed  
 I am employed or self-employed  
 Name of Employer/Business

- I am a student  
 Name of Educational Institution

- Income assistance  
 CPP, Survivors benefits, CPP disability  
 Receive spousal/child support  
 Other income

**Average Household Gross Income:**

**Please list names and birth dates of all dependents:**

**PLEASE SUBMIT A NOTICE OF ASSESSMENT/OPTION C FOR ALL ADULTS WHO HELP SUPPORT THE CHILD(REN) ON THIS APPLICATION.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date