

Financial Assistance Application Form

(Information submitted will remain confidential)



1390 Taylor Avenue, Winnipeg, Manitoba, R3M 3V8
Phone: (204) 488-8023 / Fax: (204) 488-4819

Date of Request: _____

Name of Applicant: _____
Last Name First Name

Address: _____

City/Province: _____ Postal Code: _____

Phone (H): _____ Phone (B): _____

Occupation: _____

Employer Address: _____

Name of Spouse (if applicable): _____

Phone (H): _____ Phone (B): _____

Occupation: _____

Employer Address: _____

Name of Dependants Claimed on your last Tax Return:

Spouse:

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

School Tuition:	Private _____ University _____	\$ _____
Childcare		\$ _____
Other Expenses (please itemize)		
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____
	Total Monthly Expenses:	\$ _____

Additional Information (if necessary) _____

I hereby attest that the information shown on this form is a true and accurate statement of my current financial position. Furthermore, if I am unable to meet the payment schedule, I understand it is my responsibility to notify the business office.

Applicant's Signature: _____

Date: _____

If there are any special circumstances you feel will help us to better understand your financial status, please list the information on the next page.

Note: The following information must be included with this application:

- **Recent copy of Revenue Canada Notice of Assessment**
- **Recent pay stub for both pay periods**
- **Public assistance breakdown, if applicable**

Once you have completed this form in its entirety and secured the necessary documentation, please return it to Karyn Sinopoli, Membership Services Manager. Please allow seven to ten days for processing your request for financial assistance. You will then be contacted by telephone.

Thank you, once again, for your interest in the Reh-Fit Centre.