

Financial Assistance Application



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

(Information submitted will remain confidential)

Date of Request: _____

Membership Chronic Disease Program

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 Relative/Other household members (if applicable): _____

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

Occupation: _____

Employer Address: _____

Name of Relative/Other household members (if applicable): _____

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

Occupation: _____

Employer Address: _____

Name of Relative/Other household members (if applicable): _____

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

Occupation: _____

Employer Address: _____

Name of Dependents Claimed on your last tax return:

Spouse: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

FINANCIAL DATA:

| Income: | <u>Monthly</u> | <u>Annual</u> |
|---|-----------------|-----------------|
| Applicant's Gross earnings: | \$ _____ (Net) | \$ _____ (Net) |
| Spouse's Gross earnings: | \$ _____ (Net) | \$ _____ (Net) |
| Employment Insurance | \$ _____ | \$ _____ |
| Worker's Compensation | \$ _____ | \$ _____ |
| Public Assistance | \$ _____ | \$ _____ |
| Dividends/Interest | \$ _____ | \$ _____ |
| Alimony | \$ _____ | \$ _____ |
| Child Support | \$ _____ | \$ _____ |
| Other Sources of Income Yes _____ No _____ | | |
| Commissions/Bonuses | \$ _____ | \$ _____ |
| Relatives | \$ _____ | \$ _____ |
| Others | \$ _____ | \$ _____ |
| CPP | \$ _____ | \$ _____ |
| Total Net Income: | \$ _____ | \$ _____ |

Monthly Expenses:

Check one: Own home _____ Rent _____

| | |
|---|----------|
| Monthly Rent | \$ _____ |
| Mortgage Payment | \$ _____ |
| Insurance | \$ _____ |
| Utilities (inclusive) | \$ _____ |
| Food | \$ _____ |
| Prescriptions | \$ _____ |
| Transportation | \$ _____ |
| Entertainment | \$ _____ |
| Car Payment(s) # of Cars _____ | \$ _____ |
| Model / year _____ | |
| Model / year _____ | |
| Model / year _____ | |
| Bank Loan Payment | \$ _____ |
| Credit Card Payment | \$ _____ |
| School Tuition: Private _____ University _____ | \$ _____ |
| Childcare | \$ _____ |

Other Expenses (please itemize)

| | |
|--------------------------------|----------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| Total Monthly Expenses: | \$ _____ |

If there are any special circumstances or additional information you feel will help us to better understand your financial status, please provide explanation in the space provided below:

Note: The following information must be included with the application in order to be processed:

- Most recent copy of Revenue Canada Notice of Assessment for individual, spouse, and relatives/other household members
- Recent pay stub for two pay periods
- Public assistance breakdown (if applicable)
- Copy of current Manitoba Health Card

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

Once approved, individuals on financial assistance are required to attend the Reh-Fit Centre a minimum of four times per month.

Individuals must reapply for financial assistance each year and provide updated financial information. Applications will be assessed on a case by case basis.

I hereby attest that the information shown on this form is a true and accurate statement of all my annual income sources. 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: _____

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