

Equitable Access Program Application

The MNjcc is proud to offer financial assistance for those in financial need. We currently offer subsidies for group swim lessons, camps, and music programs. For fitness membership assistance, please fill out the Fitness Assistance Application by visiting mnjcc.org/financial-accessibility

- Applications are based on your household's current financial circumstances.
- Applications without the required supporting documentation must be accompanied with an explanation as to why the documentation cannot be provided at this time.
- Subsidy amounts and program policies are subject to change based on funding availability and number of applicants.
- **Please allow 4 weeks processing time for applications. The Program coordinator will contact you as soon as your application has been assessed.**
- Your application must be approved before registering for a class or program; refunds for the difference in price will not be provided.
- All program participants are subject to the terms and conditions of MNjcc's Code of Conduct. Violations of these terms may result in termination from the Equitable Access Program and the MNjcc.

Please list everyone applying for assistance:

Last Name	First Name	Date of Birth	Age	Gender
		mm/dd/yyyy		
		mm/dd/yyyy		
		mm/dd/yyyy		
		mm/dd/yyyy		
		mm/dd/yyyy		

Primary Contact Information Name: _____

Total family size incl. adults (common-law/married partners included) and dependents 17 years and under: _____

Address: _____ City: _____ Postal Code: _____

Primary Phone #: _____ Email: _____

Secondary Phone#: _____ Marital Status*: _____

Required Documents Supporting documents are required to show your household's income. If you cannot provide the required supporting document at this time, please get in touch with us to discuss alternate options. All supporting documents are destroyed upon completion of the assessment. Please DO NOT submit originals, only photocopies. Please ensure your name and address are displayed clearly on your documentation. Questions can be directed to Effie Biliris | eap@mnjcc.org. I have attached:

EITHER

- ☐ Notice of Assessment* (self) and
☐ Notice of Assessment* (partner, if applicable)

**Most recent tax year is required.*

OR

1 month's worth of income statements (including the portion with your name and address) from:

- ☐ Ontario Disability Support Program (ODSP)
☐ Ontario Works (OW)
☐ Employment Insurance (EI)
☐ Guaranteed Income Supplement for Seniors (GIS)
☐ Letter from shelter/transitional home/JF&CS

SEE OVER

Program Assistance

We currently offer assistance for our group swim lessons, camps, and music programs. Please indicate below which specific programs you want to register for:

Participant	Session	Program	Participant	Session	Program

In future, I would be interested in a subsidy for: _____

How did you hear about our Equitable Access Program? _____

Additional information so we can serve you better: _____

Should this information be communicated to front line staff? ☐ Yes ☐ No

Signature of Applicant: _____ **Date:** _____

I verify that the information submitted is correct and accurate. If my situation changes, I agree to notify the MNjcc within 30 days. If I submit false or inaccurate information, or fail to notify the MNjcc of any changes within 30 days, I understand that my acceptance in the Equitable Access Program may be terminated.

Office Use Only

Total Income: _____ Family Size: _____

Member Name	Program(s)	Regular Rate	Assisted \$	% Discount	In CSI

Main Member #: _____ Received: _____ Additional Documentation: _____

Approved by: _____ Date: _____ Final Approval: _____ Date: _____

Member Notified of approval via (email/letter/phone call): _____ Date: _____

Not Approved (email/letter/phone call): _____ Date: _____

☐ Over cut-off ☐ Insufficient Documentation