

# 2024-2025 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.**

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## 2024-2025 Subsidy Application

Parent/Guardian Signature

Date