

2026 SDC 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