2026-27 ASP 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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Parent/Guardian Signature **Date**