



# The Ron Halliday Membership Assistance Program

Last Name	First Name	Date of Birth	Age	Sex	Category	Assisted Fee	Adjustment
					Total		

Monthly Income		AC Review
Notice of Assessment	\$	
Monthly Household Income	\$	
Additional Family Income	\$	
Employment Insurance/ Social Assistance	\$	
Child Tax Credit	\$	
Alimony/ Child support	\$	
Other	\$	
<b>Total Monthly Income (A)</b>	<b>\$</b>	

List Expenses Only		
Housing (rent or mortgage)	\$	
Property Tax	\$	
Groceries (estimated monthly)	\$	
Child care	\$	
Transportation	\$	
Utilities: Gas	\$	
Hydro	\$	
Water	\$	
Phone	\$	
Other (student loan, medical bills)	\$	
<b>Total Monthly Expenses (B)</b>	<b>\$</b>	

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Reasons for applying: \_\_\_\_\_

\_\_\_\_\_

I verify this information to be accurate and accept responsibility notifying Abilities Centre should my financial situation change

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved by: \_\_\_\_\_ Date: \_\_\_\_\_