



YOUTH ASSISTANCE FUND – APPLICATION FORM

Last Name	First Name	Date of Birth	Age	Gender	Assisted Fee	Adjustment
Total						

Address:
City:
Postal Code:
Home phone#:
Business phone #:

Note:

Walden Cross Country Fitness Club will keep all personal information and data confidential.

Joined Date: _____
Family head membership _____
Date Approved: _____
Staff Approved: _____
Staff Initial: _____
Approved by _____ Date: _____

Monthly Income		WCCFC staff Review
Notice of Assessment	\$	
Or	\$	
Monthly household Income	\$	
Further family Income	\$	
Employment insurance/ social assistance	\$	
Child tax credit/pensions	\$	
Alimony/child support	\$	
Other	\$	
Total Monthly Income (A)	\$	
Monthly Basic Expenses	\$	
Housing (rent or Mortgage)	\$	
Property Tax	\$	
Groceries (estimate monthly food)	\$	
Child Care	\$	
Transportation (gas, insurance, bus, fare, etc.)	\$	
Utilities - Gas	\$	
Hydro	\$	
Water	\$	
Phone	\$	
Cable	\$	
Other (student loan, medical bills)	\$	
Total Monthly Expenses (B)	\$	
Disposable Income (A)-(B)	\$	