



**MDHA Financial Assistance Fund -- Application Form**

**Confidential Reference Number:** \_\_\_\_\_ (to be completed by MDHA)

**Applicants Information: (Must be parent, or guardian of minor child)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Marital Status: (Pease mark with an X):**

Married\*\* \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_

Widow \_\_\_\_\_ Single \_\_\_\_\_ Common Law \_\_\_\_\_

\*\*NOTE: If Married all Financial Information must be for Both Spouses

**Spousal/Partner Information (required if married, divorced or separated)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_



**PRIVATE AND CONFIDENTIAL**

**Players Information (Player Applicant is requesting Subsidy for):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Current Level: \_\_\_\_\_

**Amount of Subsidization Requesting:**

Full amount available: \$500.00 \_\_\_\_\_ 1/2 of amount available: \$250.00 \_\_\_\_\_

Partial amount: \$ \_\_\_\_\_

Please specify: \_\_\_\_\_ covering registration fees \_\_\_\_\_ covering team fees

**Other Information:**

No. of children in Family: \_\_\_\_\_ No. of children in Hockey: \_\_\_\_\_

Level other children are playing at this season:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received financial assistance from the Metcalfe & District Hockey Association previously?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes please specify which year: \_\_\_\_\_

For how many years did this apply: \_\_\_\_\_



**PRIVATE AND CONFIDENTIAL**

**Financial Information:**

Gross Annual Family Income:

- Under \$25,000 \_\_\_\_\_
- \$25,000 - \$50,000 \_\_\_\_\_
- \$50,000 - \$75,000 \_\_\_\_\_
- \$75,000 - \$100,000 \_\_\_\_\_
- Over \$100,000 \_\_\_\_\_

If you own a property (primary residence) please provide the following:

Monthly mortgage payment: \_\_\_\_\_

Monthly expenses: \_\_\_\_\_

If you rent a property (primary residence) please provide the following:

Monthly rental payment: \_\_\_\_\_

Monthly expenses: \_\_\_\_\_

**Copies of the following documentation must be submitted for reference with the application to be considered for the MDHA Financial Assistance Program. If documentation is missing then the applicant will be contacted directly to submit the missing documentation by a specific date for the application to be considered. All copies of financial information will be returned to applicant after acceptance or refusal of application:**

Monthly income from employer - copy of pay stub for a two month period - of applicant and spouse/partner of those working in household

Revenue Canada Income Tax Notice of Assessment from past two years

**MDHA USE ONLY**

- |                             |                                |
|-----------------------------|--------------------------------|
| Date Received:              | Received method:               |
| Confirm receipt date sent:  | Confidential #.:               |
| Application Accepted:       | Application Denied:            |
| Confirm Application Status: | Applicant Notified Date:       |
| Funds Distributed:          | Date of Distribution of Funds: |
| Method of Distribution:     | Confirmation Funds received:   |