



MDHA Financial Assistance - Application Form

Confidential Reference Number: _____ (MDHA USE)

Applicant 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: (Check the box that applies to you. If *Married*, all financial information for *both* spouses. must be included) Married Divorced Separated Widow Single Common Law

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

Last Name: _____ First Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Players Information (Player Applicant is requesting subsidy for):

Last Name: _____ First Name: _____

DOB: _____ Current Level: _____

Subsidy Request Category and Amount : (Check the applicable box(es) and their associated costs)

Full Registration Amount: \$ _____

Partial Registration Amount: \$ _____

Rep Top Up Fee Amount: \$ _____

Team Fee Amount: \$ _____



Additional Information

Number of Children in your Family: _____ Number of children in Hockey: _____

Level other children are playing this season: (Check all that apply, If Applicable)

U7 U9 U11 U13 U15 U18 U21

Have you ever received financial assistance from the Metcalfe & District Hockey Association previously?
(If yes, please include which years)

Yes Year(s): _____ No

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 any document(s) are missing, the applicant will be contacted directly to submit the missing information 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 (If Applicable)
- Revenue Canada Income Tax Notice of Assessment from past two years



Metcalf District Hockey Association 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: _____