



Ingersoll Community Services Financial Accessibility Application

The Town of Ingersoll is dedicated to ensuring financial inclusivity for all members of our community. We will exert every effort to accommodate individuals who desire to engage in a program or obtain a membership but may face financial constraints that prevent them from paying the full program or equipment fees.

It is important to note that participation in Ingersoll Community Services programs or memberships cannot be entirely free of charge. Every participant is required to contribute a portion of the fee. The specific amount you need to pay will be determined based on your individual needs and financial capacity following the guidelines set forth by the Ingersoll Community Services Department. Rest assured, all information provided will be kept confidential, and we request the same level of confidentiality from you.

If you have any inquiries regarding your Financial Accessibility application, please do not hesitate to contact us at 519-425-1181.

Please be advised this process can take 3-4 weeks for processing and approval. You will be contacted by our department once your application has been approved.

Please submit your completed application to:

**Ingersoll Community Services
355 Wellington St
Ingersoll, ON
N5C 1T2
Phone: 519-425-1181
CommunityServices@Ingersoll.ca**





Ingersoll Community Services Financial Accessibility Application

Request for Assistance; please choose one of the following:

I require financial assistance based on my income level

I require financial assistance based on other extenuating circumstances. I have provided additional documentation explaining my current situation

Please select all that apply:

Day Camp

General
Programming

Membership

Please list the programs/membership of interest:

Applicant(s) Information

Name:
Address:
Phone Number:
Email:
Date of Birth:

Name:
Address:
Phone Number:
Email:
Date of Birth:



Household Information:

Number of Children 0-13 Years:
Number of People 14-59 Years:
Number of People 60 + Years

Optional:

Additional Family/ Household Information:

Financial Disclosure

Are you and/or your spouse currently employed?

Yes No

If yes, please list your employer (s):

Are you currently receiving financial aid from any of the following?

<input type="checkbox"/> Employment Insurance	<input type="checkbox"/> ODSP
<input type="checkbox"/> Retirement, Pension Benefits	<input type="checkbox"/> Other

Income Sources:

Gross Monthly Income:	\$
Canada Child Benefit:	\$
Child Support:	\$
Other:	\$
TOTAL MONTHLY INCOME:	\$
TOTAL GROSS ANNUAL INCOME:	\$

Please attach proof of all income claims made above. Your application cannot be processed without this documentation:

- A. Copy of your most recent Tax Assessment
- B. Proof of Income Statement from the CRA: <https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/a-proof-income-statement-option-print.html>



To be completed by the Applicant upon submission:

I, _____, affirm the accuracy and correctness of the information provided in this form. I acknowledge that my contact details and financial records may be shared with other authorized subsidy providers, and that any financial aid granted based on the details supplied here relies on the accuracy of this information. Failure to furnish precise information may lead to the cancellation of the related registration.

Signature: _____ Date: _____

To be completed by Ingersoll Community Services Staff upon submission

Staff Name: _____

Date: _____

To be completed by Front Desk Administrator, Michele Harris

Date Received: _____

UniverusRec Invoice Number : _____

Subsidy Provider: ICS: _____ Other: _____

If Yes Percentage/Amount Subsidized: _____

Duration of Subsidy: _____

For Program/Membership Type: _____

To be completed by Ingersoll Community Services Director, Kyle Stefanovic

Date Received: _____

Approved: _____ Yes _____ No

Signature: _____

Ingersoll

Community Services

Final Assessment:

Total Invoice	\$
Total Subsidy Provided by ICS	\$
Additional Subsidy Provider	Name:
	Amount: \$
Outstanding Balance Owed by Applicant	\$
Payment Due Date	
Payment Options	Flat Rate: <input type="checkbox"/>
	Monthly Rate: <input type="checkbox"/>
	Other: <input type="checkbox"/>
Duration of Subsidy	

Signature of Applicant: _____ Date: _____

I agree to pay the subsidized rate for the identified term by signing this document. Failure to do so may result in the cancellation of the associated registrations. Refunds are only eligible on applicant monies contributed and will be issued by the Ingersoll Community Services Refund and Withdraw Policy.