

Part 1

Program Assistance

The MNjcc offers assistance for those individuals who are in financial need. Our Membership Assistance Program is made possible through our partnership with the United Way of Greater Toronto. In addition to athletic memberships, this program also extends to youth programs. Applications must be received prior to participant's registration in the program. **Please allow 4 weeks processing time.** Please note that all applicants and members are subject to the terms and conditions of the MNjcc's Code of Conduct. Any violation of these terms may result in termination from the Membership Assistance Program and the MNjcc. If you are interested in aquatics programs for your child (0-17 years), please fill out a **Learn to Swim application form in addition to this form.**

Monthly Memberships

A subsidized athletic membership is valid for a maximum duration of 6 months from the date of approval, regardless of usage. Renewal notices will be sent prior to the completion of this 6-month term, at which time members will be required to reapply for the program. In order to activate a 6-month term, the member must meet with a membership consultant. Memberships must be paid one month at a time, in person. The first payment will include a mandatory fee of \$10.00 for your security access card.

Please Note: You are not eligible for a monthly membership if you are enrolled in a post-secondary school that includes athletic facilities in your tuition.

Part 2

Application Procedures

In order to assess individual financial circumstances, the MNjcc requires that all applicants submit supporting financial documents along with a completed application form. If the application is approved, the applicant is eligible to receive a reduction in membership or program fees.

Applications are assessed on a case-by-case basis. Information will be kept private and confidential to be used for the purposes of: evaluating your application; maintaining records of your application and membership (if accepted); contacting you regarding programs or activities at the MNjcc; evaluating the Membership Assistance Program; and providing collective data on the program to our funders. Once a complete application is submitted the assessment process takes approximately 4 weeks. You will be notified by mail regarding the outcome of your assessment.

For questions about the application process, contact Wendy Moss at wendym@mnjcc.org or 416 924 6211 Ext. 231. Please submit completed applications to: 750 Spadina Ave, Toronto, ON M5S 2J2 Attn: Wendy Moss.

The following information assists the MNjcc in applying for funding and in meeting funder reporting requirements. We kindly ask that you answer the following:

First Language: _____	How did you hear about the program? <input type="checkbox"/> Jewish Family & Child Services <input type="checkbox"/> Transition House <input type="checkbox"/> Other: _____
Additional information you would like to share so that we may better serve you: _____ _____	
Should this information be communicated to front line staff?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Required Documents

Supporting documents are required for your claimed income and expenses. Any claims without supporting documentation WILL NOT be included in the assessment. Please note that the MNjcc does not keep your documentation on file. All supporting documents are destroyed upon completion of the assessment. DO NOT submit original documents.

<p>PROOF OF INCOME</p> <p>EITHER</p> <ul style="list-style-type: none"> • Notice of Assessment (self) • Notice of Assessment (partner, if applicable) <p>OR</p> <p>1 month's worth of income statements from:</p> <ul style="list-style-type: none"> • Ontario Disability Support Program (ODSP) • Ontario Works • Employment Insurance 	<p>PROOF OF EXPENSES (as many as applicable)</p> <ul style="list-style-type: none"> • Housing (lease or mortgage agreement, rent receipts) • Transportation (insurance, car payments, gasoline, bus fare) • Utilities (gas, water, electricity) • Child Care • Cable/Internet • Phone • Medical • Tuition Fees or Student Loans
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Part 3 Financial Accessibility Program Application

Check all the program(s) you are applying for: Membership Camp After School Suzuki (Prog/Camp)

Below, list everyone applying for assistance:					Office Use Only		
Last Name	First Name	Date of Birth	Age	Gender	Program	Fee	Adjusted
		mm/dd/yyyy					
		mm/dd/yyyy					
		mm/dd/yyyy					
		mm/dd/yyyy					
						Sub-Total	
						+HST	

Please fill out the following (all fields are required):

Address: _____ City: _____ Postal Code: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____ Marital Status: _____

<p>Please submit documents supporting your claimed income and expenses (other than groceries). Any amounts without documentation WILL NOT be considered in the assessment.</p> <p>Filling Out Section (a) Monthly Income:</p> <ul style="list-style-type: none"> If submitting a Notice of Assessment, take your Taxable Income and divide by 12. If applicable, include your partner's Taxable Income. If you are a recipient of Government Social Assistance, provide 1 month's worth of income statements, including the part with your name and address. Add up all sources of income. Indicate the number of people your income supports. <p>Filling Out Section (b) Monthly Expenses:</p> <ul style="list-style-type: none"> Enter monthly amounts for the expenses listed. Add up all expense claims. Subtract total EXPENSES from total INCOME for DISCRETIONARY income. <p>The MNjcc does not keep your documentation on file. All supporting documents are destroyed upon completion of assessment. DO NOT submit original documents.</p>	a) Monthly Income	Amount	Office Use
	Notice of Assessment (self)		
	Notice of Assessment (partner)		
	Ontario Disability Support Program		
	Ontario Works		
	Employment Insurance		
	Additional Sources of Income		
	Total Monthly Income (a)		
	Number of people supported by income:		
	b) Basic Monthly Expenses	Amount	
	Housing (rent or mortgage)		
	Groceries (estimated monthly food)		
	Child Care		
	Transportation		
	Utilities - Gas		
	Utilities - Water		
	Utilities - Electricity		
	Phone		
	Cable		
	Internet		
Medical Bills			
Student Loans or Tuition Fees			
Total Monthly Expenses (b)			
Discretionary Income (a) - (b)			

Signature of Applicant: _____ **Date:** _____

I verify that the information submitted is correct and accurate. If my situation changes, I agree to notify the MNjcc within 30 days. If I submit false or inaccurate information, or fail to notify the MNjcc of any changes within 30 days, I understand that my acceptance in the Membership Assistance Program may be terminated.

Office Use Only	Member #: _____	Date Received: _____
Initial Approval: _____	Final Approval: _____	
Date: _____	Date: _____	