



CROSSROADS COUNSELLING

EVERYONE MATTERS

Subsidy Application

Date: _____

Subsidy Type					
<input type="checkbox"/> City of Lethbridge/FCSS Subsidy <input type="checkbox"/> Crossroads Counselling Internal Subsidy					
Personal Information					
First Name:		Last Name:		Preferred Name:	
Street Address: _____					
City:		Province:		Postal Code:	
Main Phone:	() _____ - _____	Email:			
DOB/Marital Status			Other		
Date of Birth: _____			Used Subsidy Before? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____		
<input type="checkbox"/> Single <input type="checkbox"/> N/A - Child <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Have you lived in Canada all of your life? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, how many years have you lived in Canada? _____ Aboriginal or Metis? <input type="checkbox"/> Yes <input type="checkbox"/> No Student? <input type="checkbox"/> Yes <input type="checkbox"/> No How many people do you support (including yourself)? _____		
Income					
Self			Spouse		
Employer/Income Source: _____			Employer/Income Source: _____		
Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly			Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly		
Estimated Monthly Net Income: _____			Estimated Monthly Net Income: _____		
Do you receive any other income? (CCTB, Child Support, Invest, Rent, RRSP)			Do you receive any other income? (CCTB, Child Support, Investment, Rent, RRSP)		
Source: _____ Amt: _____			Source: _____ Amt: _____		
We require that you verify your income. You can do this by presenting your T4, Notice of Assessment, or 2 current pay-cheque stubs.					
Expenses					
Self			Spouse		
Do you have any special expenses?			Do you have any special expenses?		
(ie: Blue Cross, Child Support, Child Care, Medications)			(ie: Blue Cross, Child Support, Child Care, Medications)		
Description: _____ Amt: _____			Description: _____ Amt: _____		
How much do you pay for your rent or mortgage each month? _____					
We require that you verify your special expenses. You can do this with the last three months worth of receipts for each.					
<p>I declare that I am in need of a fee subsidy because of my limited income and that I do not have extended health benefit coverage or that I have exhausted my entitlement for this fiscal year. The information I have provided is an accurate and true description of my income and I agree to update Crossroads regarding any financial changes that occur during the time I am using the services at Crossroads.</p>					
Name: _____			Signature: _____		
Date: _____					