



Financial Accessibility Application

Introduction

The Town of Ingersoll is committed to promoting financial inclusivity and ensuring all community members have equitable access to programs and services. We strive to accommodate individuals who wish to participate in programs or obtain memberships but are experiencing financial challenges.

Please note that while we offer financial support, participation is **not entirely free of charge**. Each applicant is required to contribute a portion of the program or membership fees. The amount will be determined based on your individual financial situation, following the guidelines set by Ingersoll Community Services.

All information submitted will be treated with the utmost confidentiality, and we ask that applicants respect this same level of discretion.

Processing time: 3–4 weeks. You will be contacted once your application has been reviewed and approved.

If you have any questions, please contact us at:

Phone: 519-425-1181

Email: CommunityServices@Ingersoll.ca

Address: 355 Wellington St, Ingersoll, ON N5C 1T2

Request for Assistance

(Please check one)

- ☐ 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.
-



Program Interest

(Please select all that apply)

- ☐ Day Camp
- ☐ General Programming
- ☐ Membership

Please list the programs/memberships of interest:

Applicant(s) Information

Applicant 1:

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

Applicant 2 (if applicable):

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

Applicant 3 (if applicable):

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



Household Information

Number of individuals aged 0–17 years: _____

Number of individuals aged 18–59 years: _____

Number of individuals aged 60+ years: _____

Optional – Additional Family/Household Information:

Financial Disclosure

All household income must be declared, including income from all individuals residing in the household, regardless of whether they are applying for assistance.

Are you or your spouse/partner currently employed?

☐ Yes ☐ No

If yes, please list your employer(s):

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

☐ Employment Insurance

☐ ODSP

☐ Ontario Works

☐ Retirement/Pension

☐ Other: _____



Income Declaration Table

Household Member Name Source of Income Monthly Amount (\$)

Total Monthly Household Income: \$ _____

Total Gross Annual Household Income: \$ _____

Required Documentation

Please attach copies of all applicable documents:

- Most recent **Notice of Assessment** from the Canada Revenue Agency
- **Proof of Income Statement** from CRA:
<https://www.canada.ca/en/revenue-agency/services/e-services/e-services-individuals/a-proof-income-statement-option-print.html>

Final Assessment (For Office Use Only)

Total Invoice: \$ _____

Total Subsidy Provided by ICS: \$ _____

Additional Subsidy Provider (if applicable): _____

Amount: \$ _____

Outstanding Balance Owed by Applicant: \$ _____

Payment Due Date: _____

Payment Options:

☐ Flat Rate

☐ Monthly Rate

☐ Other: _____

Duration of Subsidy: _____



Declaration and Signature

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 according to the Ingersoll Community Services Refund and Withdrawal Policy.

Signature of Applicant: _____

Date: _____