

APPLICATION FOR ASSISTANCE
MCCONNELL FOUNDATION – MUSKOKA

NAME OF APPLICANT	Date of Birth	Age	Social Insurance Number
SPOUSE	Date of Birth	Age	Social Insurance Number
MAILING ADDRESS			Postal Code
CIVIC ADDRESS			Phone Number
NAME OF PERSON RECEIVING ASSISTANCE	Date of Birth	Age	Social Insurance Number

Please list your dependents:

NAME	Date of Birth	Age

Please list your total family income and expenses:

INCOME (please specify weekly/monthly/annual)		EXPENSES (please specify weekly/monthly/annual)	
Ontario Works/ODSP:	\$	Rent/Mortgage/Board:	\$
Canada Pension:	\$	Hydro/Gas/Water/Oil:	\$
Employment Insurance:	\$	Vehicle:	\$
Support Payments:	\$	Property Taxes:	\$
Worker Safety Insurance Board:	\$	Food:	\$
Roomer/Boarder/Rental:	\$	Clothing:	\$
Earned Income - Gross:	\$	Insurance/Loans:	\$
Business Income:	\$	Business Expenses:	\$
Other Income (please specify):	\$	Other expenses (please specify):	\$
	\$		\$
TOTAL	\$	TOTAL	\$

Confirmation of the above income must be provided

Confirmation of the above expenses must be provided

Please provide a copy of your payment slips*

Please list your assets

ASSETS	DETAIL OF ASSETS	VALUE \$
Bank Account(s)		
Business		
Vehicle(s)		
Investments (RRSP/GIC/Bonds Stocks etc)		
PROPERTY-Principal Residence and/or other property		
Other		

PLEASE SEE OVER →

PLEASE DESCRIBE YOUR REASON FOR THIS APPLICATION:

Are you applying for, or receiving, assistance for this application from any other source. (e.g Service club, insurance, etc)
If yes, please explain _____

DECLARATION:

The information provided on page 1 & 2 of this form is true and correct to the best of my knowledge.

Applicant's Signature	Date
Spouse's Signature	Date

This information is collected for the purpose of administering McConnell Foundation assistance in the District of Muskoka

**NO CONSIDERATION WILL BE GIVEN TO THIS APPLICATION
UNLESS RECEIPTS OF INCOME AND EXPENSES ARE
PROVIDED.**

**INCLUDE AN ESTIMATE FROM YOUR DENTIST, DENTURIST, ETC,
FOR WORK THAT NEEDS TO BE DONE.**

**Mail applications to: McCONNELL FOUNDATION
P.O BOX 786
BRACEBRIDGE, ONTARIO
P1L 1V1**