



The Ron Halliday Membership Assistance Program

Last Name	First Name	Date of Birth	Age	Sex	Category	Assisted Fee	Adjustment
						Total	

Monthly Income		AC Review
Notice of Assessment	\$	
Monthly Household Income	\$	
Additional Family Income	\$	
Employment Insurance/ Social Assistance	\$	
Child Tax Credit	\$	
Alimony/ Child support	\$	
Other	\$	
Total Monthly Income (A)	\$	

List Expenses Only		
Housing (rent or mortgage)	\$	
Property Tax	\$	
Groceries (estimated monthly)	\$	
Child care	\$	
Transportation	\$	
Utilities: Gas	\$	
Hydro	\$	
Water	\$	
Phone	\$	
Other (student loan, medical bills)	\$	
Total Monthly Expenses (B)	\$	

Email: _____

Address: _____

City: _____ Postal Code: _____

Emergency Contact: _____

Contact Phone: _____

Reasons for applying: _____

I verify this information to be accurate and accept responsibility notifying Abilities Centre should my financial situation change

Signature: _____ Date: _____

Abilities Centre privacy statement

Abilities Centre is committed to protecting information by following responsible information handling practices. We collect and use personal data in order to better meet your service needs, to ensure a safe environment while members are visiting our Centre, for statistical purposes, to inform you about Abilities Centre programs or services in which you are registered, to complete payment transactions and to satisfy regulatory obligations. You may also hear from us periodically about other Abilities Centre programs, services and opportunities that may interest and benefit you. Visit our website at www.abilitiescentre.org for more information on our Abilities Centre Privacy Statement.

Approved by: _____ Date: _____