



Activity Subsidy Fund Confirmation of Financial Need Form

This application should be typed or printed in block letters. Please attach all additional documentation required.

Applicant Information:

Please complete this section and provide to your verifier.

Applicant Name:
Child Name:
Reason for Subsidy Request:

Verifier of Financial Need:

Organization Name (if applicable):
Name of Verifier:
Address:
Postal Code:
Telephone Number:
Email:
Please comment on your knowledge of the applicants financial need:

I confirm that to the best of my knowledge the above named applicant is in need of financial assistance for the above recreation program.

Signature:	Date:
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Please return to: City of Niagara Falls, Recreation & Culture Department
7150 Montrose Road, Unit #1
Niagara Falls, ON L2H 3N3 Phone: 905.356.7521 X 3342

Any documentation submitted to the Municipality is subject to the Municipal Freedom of Information and Protection of Privacy Act.