



Application for Assisted WMHA Registration

Funds available for Assisted WMHA Registration are made possible through the generosity of various donors.

The Walden Minor Hockey Association requires that individuals provide the requested information on the attached form regarding income and family size so that financial assistance can be provided in a fair and consistent manner. Of course, all information will be kept confidential. Assistance will be reviewed for eligibility based on financial circumstances.

To process your application, we need the following information:

- Photocopy of all income sources for the last two months
- Photocopy of rent / mortgage receipt

A WMHA Committee, based on a thorough review of the application will determine financial assistance eligibility. Please allow 2 week to process your application. You will be notified by phone/email as soon as your application has been approved or if you need to submit additional information. Assisted funding is subject to availability.

REQUEST FOR ASSISTED REGISTRATION

Name: _____ Birth Date:

Y	M	D
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Address: _____ City: _____

Postal Code: _____ Phone Number: _____

Emergency Contact: _____ Phone Number: _____

Email: _____

Please check appropriate box for membership application. This is:

- a new registration past WMHA player



Application for Assisted WMHA Registration

Please list the names of all household members. Please check yes/no for those who are applying for assisted WMHA registration.

Name:	_____	Birth Date:	Y	M	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	_____	Birth Date:	Y	M	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	_____	Birth Date:	Y	M	D	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:	_____	Birth Date:	Y	M	D	<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Gross Monthly Household Income*: \$ _____

Note: Income must include Wages, ODSP, Ontario Works, Child Tax Credit, Support Payments, EI Income, CPP retirement pension and any other source of income.

Source*:	\$	_____	Source*:	\$	_____
Source*:	\$	_____	Source*:	\$	_____

*Must provide receipts and/or proper documentation

MONTHLY EXPENSES

Rent/Mortgage*	\$	_____	*Must provide receipts and/or proper documentation	
Utilities (Hydro)	\$	_____	Household Items	\$ _____



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(Water) \$ _____

Transportation \$ _____

(Heat) \$ _____

Debt \$ _____

(Phone) \$ _____

Insurance \$ _____

In your opinion, how much do you think you can afford to pay towards your child/children's registration?
\$ _____

Comments:

PLEASE BE AWARE THAT IT WILL TAKE 1 WEEK TO PROCESS YOUR APPLICATION.

I will certify that the above information is true and complete to the best of my knowledge. I agree to inform WMHA immediately of any changes in my income or family size. I understand that false or incomplete information could jeopardize my financial assistance. I understand that only the information necessary to complete this application is requested.

Signature: _____

Date: _____

OFFICE USE ONLY

Fee \$ _____

WMHA Executive Signature _____

Date Received: _____

Signature of Approval: _____ |

Date: _____