

**MSIFN DONATIONS COMMITTEE**  
**APPLICATION FOR ASSISTANCE - FINANCIAL HARDSHIP**



**APPLICANT INFORMATION**

NAME: \_\_\_\_\_ ABORIGINAL STATUS MEMBER? Y  N

DATE OF BIRTH: \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE # \_\_\_\_\_

\_\_\_\_\_ TOWNSHIP/REGION: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE MSIFN DONATIONS COMMITTEE? \_\_\_\_\_

\_\_\_\_\_

*If you are applying for assistance on behalf of someone else, (i.e. a child, grandchild, elder, etc.) please provide their details:*

NAME: \_\_\_\_\_ ABORIGINAL STATUS MEMBER? Y  N

DATE OF BIRTH: \_\_\_\_\_ IF YES, WHERE? \_\_\_\_\_

ADDRESS (If different than above): \_\_\_\_\_

\_\_\_\_\_ TOWNSHIP/REGION: \_\_\_\_\_

**REASON FOR REQUEST**

*Please provide the reason or situation that has prompted your request for assistance.*

CHECKLIST OF REQUIREMENTS - PLEASE SUBMIT WITH YOUR REQUEST

PROOF OF INCOME

- APPLICANT
- PARENTS OF MINORS
- SPOUSE OR COMMON LAW PARTNER OF APPLICANT
- OTHER

*Please provide a Notice of Assessment or 2-3 Recent Paystubs of everyone in the household of 18 years old and older.*

EQUIPMENT OR CONSTRUCTION QUOTATIONS - PLEASE PROVIDE FROM 2 SOURCES

- COMPANY A \_\_\_\_\_
- COMPANY B \_\_\_\_\_

*\*Note all requests for building ramps, decks, etc. for clients with disabilities must adhere to the standards of the Ontario Building Codes, and be compliant with the AODA.*

OTHER FUNDING SUPPORT ACCESSED

**MSIFN Donations Committee wishes to be the last resort for funding. Please provide evidence of all efforts made to access alternative funding by listing any other sources you have tried or funding already received.**

\_\_\_\_\_

\_\_\_\_\_

**I hereby provide my consent for MSIFN Donations committee to seek specific details regarding other funding.**

**Applicant's Signature** \_\_\_\_\_

APPLICATION SUBMISSION

PLEASE FORWARD COMPLETED REQUESTS BY:

**FAX TO 905-985-8828 ATTN: MSIFN DONATIONS COMMITTEE OR  
EMAIL TO [DONATIONS@SCUGOGFIRSTNATION.COM](mailto:DONATIONS@SCUGOGFIRSTNATION.COM)**

Thank you for your cooperation with our process for requests. All applications will be reviewed by the MSIFN Donations Committee at the meeting following receipt of all requirements of your request. Approved requests will be paid directly to the service or equipment provider when applicable. Due to the high volume of requests received, only one request per year will be considered. All personal information received with an application will be kept confidential, only viewed by MSIFN Donations Committee members when considering your request.

With kind regards,

*Kayla Ponce de Leon*

MSIFN Donations Committee Administrative Assistant