

# Wheatland Family & Community Support Services Community Fee Assistance Program

\*Indicates a Mandatory Field

\*Applicants First Name:

\*Applicants Last Name:

\*Street Address or Land Description

\*Phone Number

\*City/Town:

Postal Code:

Email:

Which family member(s) will this subsidy benefit:

Program start and end date:

Name of organization and program name you are requesting assistance to participate in:

Contact information for organization that funds will be issued to:

Name:  Phone:  Email:

**\*Proof of income required**

Recent paystub or 2021/2022 Notice of Assessment acceptable.

Total household yearly income:

Family size	Total family income
1 person	\$35,000
2 people	\$45,000
3 people	\$55,000
4 people	\$65,000
5 people	\$75,000
More than 5 people	\$75,000 plus \$7,500 for each additional person

\* Maximum 2 programs per child per year

\*\*Funds will be paid directly to organizations on behalf of the applicant(s)

\*\*\*Maximum subsidy of 60% of program cost is covered, Equipment excluded from subsidy cost.

Applicants signature:

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Authorized by:

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