



Financial Assistance

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K0K 2T0

PEFAC strives to serve all segments of our community. If you or your family would benefit from using the Prince Edward Fitness & Aquatic Centre, yet are unable to pay the full cost, you may apply for assistance. The Prince Edward Fitness & Aquatic Centre Financial Assistance program is for those who are unable, not unwilling to pay the full fee. After completing the application form, and have enclosed all documentation, please place your application in a sealed envelope and drop off to the attention of Meloni Crandall, the General Manager.

Your application will be assessed and you will be notified by phone.

What are your fitness goals?

What are you interested in using?

What type of membership would you like?

How would a membership help you achieve those goals?

Frequently Asked Questions

Who is eligible for Financial Assistance?

Anyone whose financial circumstance makes them unable (not unwilling) to pay the full cost.

Can my whole family apply for a membership? Yes, ensure that you indicate this on the application form.

How much Financial Assistance will be provided? Everyone must pay a portion of the monthly fee. Some people are able to pay more per month than others. Everyone is assessed individually and will be asked to bring a copy of their financial records attached to the application form.

Is Financial Assistance available on children's Programs? Yes (there are limited funds available). Please specify on application form, that you are applying for a specific children's program.

With your application, please provide the following:

Documentation of Income:

- 2 Current Consecutive pay stubs
- Social Assistance Statement
- Employment Insurance Statement
- Bank Balances
- Child Tax Benefit Slip
- HST Rebate
- Other

Proof of Expenses:

- Utility Bills (electricity, water, gas, etc.)
- Property Tax Receipt
- Lease/Rent/Mortgage agreement payment receipt
- Transportation Bills (Insurance/Gas/Car payments etc.)
- Cable Bill - Phone Bill - Internet Bill
- Child Care Receipt

Name: _____

Address: _____

City: _____

Postal Code: _____

Home #: _____

Work #: _____

Cell #: _____

Email Address: _____

Emergency Contact Name: _____

Number: _____

Reason for applying for Financial Assistance: _____

I agree to notify PEFAC if my financial situation changes and that all my information provided is truthful and completed to the best of my abilities.

Signature of Applicant: _____

Date: _____

Monthly Income	Amount	PEFAC Review
Monthly Household Income	\$	
Employment Income	\$	
Child Tax Credit/Pension	\$	
Child Support/Benefits	\$	
Other	\$	
Add Total Monthly	\$	
Monthly Basic Expenses	\$	
Housing (rent or mortgage)	\$	
Property Tax	\$	
Groceries (estimated monthly food)	\$	
Child Care	\$	
Transportation (gas/insurance)	\$	
Utilities -Gas	\$	
-Hydro	\$	
-Water	\$	
Phone/Cell	\$	
Cable	\$	
Medical	\$	
Other	\$	
Add Total Monthly	\$	
Expenses	\$	
Calculate Disposable	\$	

PEFAC Privacy Statement:

PEFAC is committed to protecting the personal information of individuals who use the facility by following responsible information handling practices in keeping with privacy laws. All information given to us is kept confidential and will not be given to any third party, unless required by law.

Office Use Only

First & Last Name	D.O.B	Age	Gender	Membership Type	Assisted	Adjustment

Total

