

Crossroads Subsidy Client Information Form

This subsidy is based on Household income. Please declare all income from all adults living with you.

Name: _____

Date of Birth: _____

Do you live in Lethbridge? _____

Are you Aboriginal or Metis? _____

Have you used this subsidy before? _____ Agency Name? _____

Marital status: **(Please Circle One)** Single Married Separated

Common-law Divorced Widowed NA (Child)

Monthly Net Income: _____

How often are you paid? **(Please Circle One)**

Weekly Monthly Every Two Weeks Twice a Month Not Working

Monthly Net income of partner/Spouse: _____

How often are he/she paid? **(Please Circle One)**

Weekly Monthly Every Two Weeks Twice a Month Not Working

How many people do you support? _____ (including yourself)

Do you receive any other income? (E.g. EI, Child support, Pensions, etc.)

_____ How much? _____

How much rent or mortgage do you pay? (Without utilities) _____

Do you have any other expenses? (E.g. Child support, Child care, extra health care,

Medications, etc.) _____

How much? _____

Expenses must have receipts to be eligible