



# AIP Financial Assistance Application - Winter 2022

**Deadline to apply:**

**Dec 3 @ 4 PM**

## Section A - Applicant Information:

Name of applicant:

Email:

Relation to participant:

Participant Name:

For office use only:

## Section B - Choose which one best suits your current situation:

### Option 1: Your current household income is directly through social assistance from the Government

(Saskatchewan Assistance Program (S.A.P.) or Saskatchewan Assured Income for Disability (S.A.I.D.)

- Include a copy of your most recent statement of benefits and deductions from the government for both parents

### Option 2: This is your first time requesting Financial Assistance with us and are not receiving social assistance from the Government

- Include a copy of each parents 2020 Notice of Assessment (NOA) from the government (260 - Taxable Income)
- Include a copy of each parents two most recent pay stubs.

### Option 3: You are reapplying for Financial Assistance with us and are not receiving social assistance from the Government

- Include a copy of each parents two most recent pay stubs.

## Section C - Complete (Only use the 2nd parent area if you are applying as a double parent household):

Who is applying:

Single parent household

Single individual who wants to participate in our programs

Double parent household

Name of Parent #1 or Individual participant applying:

I am: Working

Not working right now

If working:

I can provide my 2 most recent paystubs

I am self employed & can provide a written summary of my revenue for this year up until now

Reason(s) not working:

Receiving Employment Insurance (EI)

On Maternity (Pat) leave

(check all that apply)

Receiving Sask. Assured Income Disability (SAID)

Full Time Student

Receiving Sask. Assistance Program (SAP)

Other:

Name of Parent #2:

I am: Working

Not working right now

If working:

I can provide my 2 most recent paystubs

I am self employed & can provide a written summary of my revenue for this year up until now

Reason(s) not working:

Receiving Employment Insurance (EI)

On Maternity (Pat) leave

(check all that apply)

Receiving Sask. Assured Income Disability (SAID)

Full Time Student

Receiving Sask. Assistance Program (SAP)

Other:

## Section D - Signature

The information I have submitted is, to the best of my knowledge, correct. I understand that if I submit false or inaccurate information, or fail to notify Autism Services of any changes to my financial situation, I may be terminated from the financial assistance program. I understand that if my application is incomplete or submitted past deadline, it will not be accepted.

Signature:

Date: