



# Hespeler Village Neighbourhood Association

PROGRAM – Activities for Less

## STEP 1

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Apt./Unit#: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

How many adults (18 and older) are in your household? \_\_\_\_\_

How many children (ages 0-14) are in your household? \_\_\_\_\_

Are there additional supports HVNA could assist you in obtaining? (I.e. Food supports, other recreational activities, outreach)

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**STEP 2**

NAME	DATE OF BIRTH	GENDER	PROGRAM
First Name Last Name	M/D/Y		

List everybody in your family unit (Cambridge and North Dumfries residents only) who wish to register for the program.

**STEP 3**

Financial Statement of Affordability

PARTICIPANT	PROGRAM	AMOUNT ABLE TO PAY	SUBSIDY REQUEST

I hereby attest that the information I provide in this application is complete, true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Information: