



**WATERSTONE**

*Foundation for Eating Disorders*

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**Financial Assistance Application**  
**Financial Application**

## Financial Application

### Instructions for Completion of Financial Award Application Form

1. If the Applicant is not the Payer, and the Applicant is over 19 years old, please give the financial information requested for both the Applicant and the Payer.
2. In addition, to the specific Financial Information requested, please explain why you and your family cannot pay for your treatment.

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Date:

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Name of financial aid applicant:

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Payer:	S.I.N	Marital Status:
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Birth Date:	Age:	Number of Dependents:
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Co-Payer:	S.I.N	Marital Status:
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Birth Date:	Age:	Number of Dependents:
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Current Address:	Since:
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Previous Address:

Contact Phone Number:

Email:

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Payer Current Employer:	Occupation:
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Employment Date:

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Payer Previous

Employer:

Employment Date:

Co-Payer Current

Occupation:

Employer:

Employment Date:

Co-Payer Previous

Employer:

Employment Date:

**INCOME STATEMENT**

<b>Combined Payer and Co-Payer Income Description</b>	<b>Amount</b>
Line 150 of Notice of Assessment	0
T4 Slip Income	0
Investments	0
Other:	
<b>Total Income</b>	<b>\$ 0</b>

<b>Combined Payer and Co-Payer Expense Description</b>	<b>Monthly Amount</b>
Mortgage	
Property Taxes	0
Hydro	0
Gas	0
Water	0
Home Insurance	0
Other:	
<b>Total Expenses</b>	<b>\$</b>

**NET WORTH STATEMENT**



# WATERSTONE

Foundation for Eating Disorders

Combined Payer and Co-Payer Asset Description	Value/Balance
Principal Residence	0
Car	0
RRSP	0
RESP	0
TFSA	0
Savings Account	0
Chequing Account	0
	0
<b>Total Assets</b>	<b>\$ 0</b>

Combined Payer and Co-Payer Liability Description	Balance	Monthly Amount
Mortgage	0	0
Credit Card	0	0
Credit Card	0	0
Loan	0	0
Loan	0	0
Line of Credit		
<b>Total Liabilities</b>	<b>\$ 0</b>	<b>\$ 0</b>

**NET WORTH** **\$ 0**

**DISCLOSURE AND CONSENT TO THE COLLECTION, USE AND DISCLOSURE  
OF PERSONAL INFORMATION**

I warrant and confirm to you that the information given herein is in all respects true, accurate and complete. I understand that it is being used to determine credit worthiness. I authorize you to obtain any information you may require from any source and each source is hereby authorized to provide you with any information you require. You are hereby authorized to retain this application for WaterStone Foundation records.

Each of my assets is shown at its present fair market value and I own all such assets. I am not being sued and there are no judgments or executions against me. If any part of this statement is incorrect or if there is a breach of this agreement, then I hereby agree with you that all my present and future indebtedness to WaterStone Foundation shall become due and payable without notice or demand.

I have attached the following documentation:

- Income Tax Notice of Assessment for last three years
- Bank account statements for last 12 months
- Disability income statements (if applicable)
- Insurance policy coverage
- Federal and Provincial Government social assistance (welfare, housing, child tax benefits, etc.)

I Consent To, And Accept This As Written Notice Of, Your Obtaining, Disclosing Or Exchanging Any Credit, Personal Or Other Information About Me (Including Information Contained In My Personal Information File) At Any Time, From, To Or With Any Credit Bureau, Personal Information Agent, Credit Grantor Or Insurer, My Employer Or Other Person In Connection With Any Relationships Between Us Or Those Which You Or I May Wish To Establish.

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Witness

\_\_\_\_\_  
Payer Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Co-Payer Signature

\_\_\_\_\_  
Date