



# Adjudicator Form

## Adjudicator (Please read carefully)

The adjudicator form is an effective option of providing proof of income for applicants of the LIFE program when they are unable to provide this information through a recent Notice of Assessment (NOA).

**The adjudicator (the individual endorsing this form) should be familiar with the applicant's financial situation as their signature verifies the financial need of the family/individual.**

- An adjudicator can be a professional in social work or family services, a school principal or counsellor, a senior recreation administrator, a healthcare professional, a priest/pastor, a lawyer or notary public, a housing assistant or support advocate.
  - Adjudicators, other than those listed above, may be considered if written documentation from the potential adjudicator is attached outlining the financial need of the applicant.
  - Applications that have adjudicator forms may be processed immediately at the discretion of the receptionists.
- All adjudicator forms are to be forwarded to the Manager of Facility Services.

## **As the adjudicator, please provide the following Information:**

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

Organization name and address: \_\_\_\_\_

I have thoroughly read and understand the guidelines of the LIFE application requirement of Proof of Household Income and agree that the Household Income of this applicant (name)

\_\_\_\_\_ is such that he/she or they require financial assistance in order to access recreation opportunities. I agree to participate in a brief telephone follow-up interview for verification. I can be reached at the following number at the following time(s).

Phone: \_\_\_\_\_ Good time(s) to call: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adjudicator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Official stamp

If additional applicants (Children under 19 years of age), who live within the home of the above-noted applicant(s) are to be included in the application for a LIFE form, please list them below:

**Name**

**Age**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
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