



LIFE ADJUDICATOR FORM

SELF DECLARATION

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) or for applicants whose income on paper shows they are above the limit but whose present financial situation is below the limit.

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 and will ONLY be accepted when it is accompanied by an official office stamp and/or business card of the endorser from one of the recognized agencies/professionals listed below.

- 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, and **must not be a relative of the applicant.**
- 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 and their relationship with 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 LIFE coordinator and subject to auditing Through the auditing process an application may be denied and revoked if deemed the applicant or adjudicator does not meet the requirements.

As the adjudicator, please provide the following information:

ADJUDICATORS NAME: _____ **POSITION:** _____

ORGANIZATION NAME: _____

ORGANIZATION 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 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 To Call:** _____

ADJUDICATOR’S SIGNATURE

DATE

OFFICIAL STAMP or PLEASE STAPLE BUSINESS CARD

FOR OFFICE USE ONLY To be filled out by SEAPARC Staff

Name of Primary Applicant:

Phone Number:

How many in the family:

Address:

Email Address:

Was LIFE Pass Issued to Client Today? Yes No

If NOT please explain:

Completed By:

Verified By:

On what date: