



APPLICANT

Name:	Date of Application:
Phone Number:	Email:

ADDRESS

Apartment/Unit:

Street:

Town: **Postal Code:**

FINANCIAL

Income Source:

Ontario Works	Ontario Disability Support Program	Old Age Security
Employed (list employer)	Other:	

Amount of Income from Each Source:

Household Income Under \$70,000: **Yes** **No**

Assets (property/RRSP/other) maximum value of assets under \$200,000 (same as 'Renovate Lanark'): **Yes** **No**

INTERNET

Internet Provider:

Quote for Initial Hookup (attach quote):

Municipality:

What will the primary use of the Internet:

School	Work	Recreation
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CONSENT

Client Consent: *I give permission for Lanark County Social Services to contact the internet service provider and exchange information verbally, in writing, and electronically regarding this request. I am aware that the information will be collected and provided in accordance with the Municipal Freedom of Information and Protection of Privacy Act and will be used for the administration of this program only. I give permission for Lanark County to enter and store my personal information in the program database.*

Client Signature: **Date:**

Office Use Only:		
Approval Date:	Amount Requested:	Amount Approved:
Payable to:		
Approved by Case Worker:	Approved by Manager:	