



# 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 their income 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. Use this completed document to proceed with the LIFE application.

**The adjudicator (the individual endorsing this form) should be familiar with the applicant’s financial situation. 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 listed below. Auditing is done for ALL adjudicator forms.**

- Adjudicators 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.
- If you are completing this form on someone’s behalf, and they are unable to visit one of our four Recreation Centres, please forward all adjudicator forms directly to the Financial Assistance Programmer through email at [financialassistance@saanich.ca](mailto:financialassistance@saanich.ca) or by mail to Saanich Parks, Recreation and Community Services: 780 Vernon Avenue, Victoria, B.C., V8X 2W7 attention: Financial Assistance Programmer. Please ensure you include information about the applicant you are supporting so I can best support them.

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

Name of endorser:	Position:
Organization name and address:	
Please read carefully: I have thoroughly read and understand the guidelines of the LIFE application requirement of Proof of Income and agree that the income of this <b>LIFE applicant (name)</b> _____ who resides at address _____ they requires 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: _____ Availability: _____	

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

\_\_\_\_\_  
Date

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

## This portion to be completed by the Financial Assistance Programmer

Full name of primary applicant:	How many in the family?
Phone # used in CLASS:	Address:
Verified by LIFE Programmer:	On what Date: