

2026 Community Organization/Adjudicator Reference Form

The purpose of this reference form is for the community organization/adjudicator to verify that the applicant's financial circumstances meet Low Income Cut Offs. Please include this form with the main Application Form and Proof of Residency. For more information visit portcoquitlam.ca/financialassistance or email financialassistance@portcoquitlam.ca for assistance.

APPLICATION INFORMATION

Participant name: _____ Date of Birth: _____
First name (please print) Last name (please print) (mm/dd/year)

Address: _____ City: _____ Province: _____ Postal Code: _____

Main Phone #: _____ Alternate Phone #: _____

Email: _____
(PLEASE PRINT CLEARLY)

ORGANIZATION OR ADJUDICATOR INFORMATION

Name: _____ Position: _____
First name (please print) Last name (please print)

Name or Organization: _____

Relationship to Applicant: _____

Phone: _____ Email: _____

Address: _____

AGENCY STAMP

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I hereby certify that the applicant listed on this application is in financial need. I understand that City of Port Coquitlam staff may contact me to verify my endorsement.

SIGNATURE:

DATE:

Personal information entered on this form is collected under the authority of section 26(c) of the Freedom of Information and Protection of Privacy Act (FOIPPA) and will be used to assess your application. If you have any questions or concerns about how your information will be used, contact the City's Records and FOIPPA Administrator at 604.927.5250 or corporateoffice@portcoquitlam.ca.