

## 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.

### APPLICANT 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)

### FAMILY MEMBERS

Please verify the family members who live in the applicant's home. Family is defined as: maximum 2 adult, and children (0-18) or other dependents residing in the same household.

FIRST NAME (Please Print)	LAST NAME (Please Print)	DATE OF BIRTH (Please Print)
1.		
2.		
3.		
4.		
5.		
6.		

### ORGANIZATION OR ADJUDICATOR INFORMATION

Name: \_\_\_\_\_ Position: \_\_\_\_\_  
First name (please print) Last name (please print)

Name of Organization: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**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.**

### AGENCY STAMP (or attached business card)

<b>SIGNATURE:</b>	<b>DATE:</b>
-------------------	--------------

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](mailto:corporateoffice@portcoquitlam.ca).