

FINANCIAL AID PROGRAM FOR SUSTAINABLE FEMININE HYGIENE PRODUCTS

Identification of the applicant:		
Last name		
First name		
Address		
Municipality (town, city)		
Postal code		
Telephone no.		
		7
Sustainable femine hygiene pro		Weekelde adverse
Underneath or washable sa	nitary napkins	Washable underwear
Menstrual cup		Fabrics
Required documents :		
- proof of residence		
- bill (s)		
,		
Certified statement of applicant:		
I hereby certify that the information provided above is accurate and true. I understand that any		
and all applicants who provide incorrect or falsified information will automatically lose their		
financial assistance and will have to repay all of the amounts of money paid to them under		
these programs.		
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Signature of applicant:		Date:
To be returned to :		
Community Services: 325 Grande-Côte Road		
In person or by mail: 325, Grande-Côte Road, Rosemère, J7A 1K2		
By email: Loisirs@ville.rosemere.qc.ca		
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Receipt of the application (section to be completed by the Town):		
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Date :		Request number:
		nequest number.