|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Demographic Information**  **Name:**  Date of birth: | **Spouse/Partner:**  Date of Birth: | | **Marital Status:**  Married  Single  Divorced  Widowed | |
| Address: | | City: | | |
| Time at Present Address:  **Rent  Own \_\_\_\_\_ Years \_\_\_\_\_Months** | | | | |
| Cell Number: | Home Number: | | | Email: |
| Please list all persons living in your household; including dependents: | | | | |
| Last Name First Name | | Date of Birth | | Relationship to Applicant |
| 1. | |  | |  |
| 2. | |  | |  |
| 3. | |  | |  |
| 4. | |  | |  |
| **SELF SPOUSE** | | | | |
| Employed  **Yes  No \_\_\_Hrs/Wk** | | Employed  **Yes  No \_\_\_\_Hrs/Wk** | | |
| Employed By: | | Employed By: | | |
| Occupation: | | Occupation: | | |
| Length Employed: **\_\_\_\_Years \_\_\_\_Months** | | Length Employed:**\_\_\_ Years \_\_\_\_Months** | | |

**Combined Family Income (monthly):  <$25,000**  **$25,000 - $49,000  $50,000**

|  |  |
| --- | --- |
| What is your request? |  |
| If financial related, what circumstances brought you to this situation? |  |

**Required Documents OR References:**

     proof of income (2 pay stubs, EI, Worker’s Comp, Pension etc)

     copy of tax return

     copy of 2 bank statements

     copy of most recent cancelled rent check, lease agreement or mortgage payment

**ASSIGNMENT OF RIGHTS**

By signing below, I declare the information and statements contained in this Application for Financial Assistance and all the documentation which I submit are accurate, true and correct. You are hereby authorized to check my credit history in order to evaluate this application.

I understand that the information and statements I have provided will be kept confidential by The Neighbourhood Charitable Alliance

I understand that the completion of the application will allow The Neighbourhood Charitable Alliance to consider my circumstances.

I understand The Neighbourhood Charitable Alliance makes no representation that financial assistance is guaranteed.

I/We hereby certify the above information and voluntarily authorize you to obtain information relative to me/us.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date Signature Date