|  |  |  |
| --- | --- | --- |
| **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