



NEIGHBOURHOOD CHARITABLE ALLIANCE

Financial Assistance Application

Demographic Information

Name:	Spouse/Partner:	Marital Status:
Date of birth:	Date of Birth:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Address:		City:
Time at Present Address: <input type="checkbox"/> Rent <input type="checkbox"/> 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 <input type="checkbox"/> Yes <input type="checkbox"/> No ____Hrs/Wk	Employed <input type="checkbox"/> Yes <input type="checkbox"/> 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