

FINANCIAL INFORMATION

PLEASE NOTE: Monthly Expenses and Monthly income MUST BE TOTALLED in the area provided below.

Monthly Expenses (for you, or for yourself and your partner)

Copies of all bills, eviction notice, disconnection notice **and an explanation** if a bill is unusually high must be provided or your claim cannot be processed. **PLEASE BE ADVISED THAT THIS INFORMATION IS NECESSARY FOR THE COMMITTEE TO MAKE AN INFORMED DECISION.**

	Amount Monthly	Usual Monthly	Amount in Arrears	Explanation for High Bills
Mortgage/Rent (Name and address of landlord/mortgage lender)				
Property Taxes				
Utilities - Water				
Utilities - Natural Gas				
Utilities - Power				
Food				
Daycare/Elder Care (Name and address of provider)				
(Employee Shared) Health Care Benefits Premium				
Prescription Medical (not covered)				
Telephone/cell - if a necessity, explain				
Cable/Internet				
Vehicle Loan/Lease/Expenses				
Loans/Credit Cards				
Other				
MONTHLY EXPENSES TOTAL				

Monthly Income

We require you to provide the total monthly income and hours worked for you and all members of your family for the last three months. Please indicate if income is through STDI, LTDI, pension or insurance.

	Last Month	This Month	Next Month
Net Income	Net Income	Net Income	Net Income
(Take Home Pay) Applicant			
(Take Home Pay) Partner			
(Take Home Pay) Other Family			
Second Job(s)			
Rent or Room/Board Received			
Child/Spousal Support Received			
GST Rebate			
Child Tax Credit/ Universal Child Care Benefit			
MONTHLY INCOME TOTAL			

REQUEST FOR ASSISTANCE

It is important for you to provide an explanation as to why you are in this situation where you require assistance.

Detailed explanation for financial assistance **MUST BE PROVIDED**. If more room is required please use additional sheet.

Large dotted-line area for providing a detailed explanation for financial assistance.

VERIFICATION

By signing below I verify the information provided in this application is true and accurate and I understand that missing/inaccurate information may delay or result in the denial of my application. I authorize the Members' Benefits Committee to verify any information provided. All applications are subject to the Members' Benefits Committee by-laws. Applications must be received by 3:00 pm, two business days prior to scheduled meetings (scheduled meetings can be found on the AUPE website). **This form must be signed by the applicant and faxed to 780-930-3344, email to membersbenefits@aupe.org or mailed to AUPE Headquarters (Solidarity Place), 10451-170 Street NW, Edmonton, AB, T5P 4S7.**

Disclaimer and Verification:

By signing this section, you acknowledge that all information submitted to the Members' Benefits Committee will only be used to determine eligibility and distribution of the fund, you verify that all information included in the application is accurate. All areas must be completed and be legible or this application may be delayed or denied.

Applicant's Signature	Date (mm/dd/yyyy)
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GUIDE TO FILLING OUT THE APPLICATION

Please print legibly and complete all areas of the application fully in order to avoid delays or denied.

PERSONAL INFORMATION

1. Provide name, current address, home and work phone numbers and email addresses.
2. If you know your AUPE Member Number, please fill in the blank, if possible. Indicate what local and chapter you belong to and the approximate date you became an AUPE member. (If you do not know number please phone 1-800-232-7284 for it.)
3. Indicate how many children you have living with you and their ages.
4. Fill in occupation, work status and your employer. If you have more than one occupation and/or employer, please list all.
5. Please indicate your marital status. If you have a partner, please provide your partner's name, birth date and employment information. If they have more than one occupation and/or employer, please list all.

FINANCIAL INFORMATION

Monthly Expenses (Applicant and Partner, if applicable)

1. All monthly expenses must be listed with the normal monthly bill or minimum payment required and the outstanding/arrears amount. All expenses must have corresponding copies of current bills attached.
2. Other amounts could include (but are not limited to) spousal/child support, work tools/clothes or transportation (such as bus or LRT if you do not own a car).
3. The Members' Benefits Committee pays directly to a landlord or service provider. Information on service provider should be included with application. The only exception is for food where you will be sent food vouchers.

Monthly Income and Assets (Applicant and Partner, if applicable)

1. All sources of income must be listed with last month's income, the current month of income and the estimate of next month's income. Income also includes amounts received for Alberta Works, employment insurance, sick benefits, Canada pension (CPP/CPPD), workers' compensation, disability and child/spousal support. Include a copy of all pay/cheque stubs for both the last month and the current month.
2. If you have applied for assistance of any kind but have not begun receiving it (Alberta Works, employment insurance, sick benefits, Canada pension (CPP/CPPD), workers' compensation, disability and child/spousal support), please indicate the date applied.
3. List all assets that are in your possession, including cash and investments (such as RRSPs, RESPs, bonds, stocks or treasury bills); property; vehicles and any other asset of value. Miscellaneous items could include antiques, collectibles, jewelry and other items that could be sold as an asset.