

APPLICATION FOR ASSISTANCE MEMBERS' BENEFITS BENEVOLENT FUND

Do not write in or cover the space below						
ALL AREAS MUST BE COMPLETED AT The Members' Benefit Committee meets CONFIDENTIAL. Applications must be be found on the AUPE website). The co	s once a month to received by 4:00	review pm, tw	v applications and vo business days	d ALL INFORMATIO	N COLLECTED IS T	
The Members' Benefits Benevolent For property taxes.	und is not intend	ded fo	r or limited to d	ental work, legal fees		redit cards or
PERSONAL INFORMATION	Email:				F162	ise print in black in
Name (Last, First, Initials)					AUPE Member No.	
Address					Local/Chapter	
City/Town		Postal	Code	Birth date (mm/dd/yyyy)	AUPE Member Since (n	nm/dd/yyyy)
Telephone (Home/Cell)	Telephone (Business	ephone (Business)		Number of Dependents	Ages of Dependents	
Occupation	Full-time (Casual FTE	Employer			
Have you applied for Members' Benefi	ts before?		Marital Status			
☐ Yes ☐ No			☐ Single ☐ Married	☐ Separated ☐ Divorced	☐ Widowed ☐ Common Law/Co-I	Habitant
Partner's Name (Last, First, Initials)					Partner's Birthdate (mm	
Postpor Francis I				Partner's Conunction	How Long?	
Partner Employed? Partner's E	<u>-mpioyer</u>			Partner's Occupation	How Long?	☐ Full-time ☐ Part-time
OTHER SOURCES OF ASSISTAN	ICE					
Have you applied:	Yes	No		If you did not ap	oply, why not?	
Alberta Works/Alberta Suppo	rts					
Employment Insurance (E	1)?					
Canada Pension (CPP) Canada Pension Plan Disability (CPPI						
WC	B?					
LTC	DI?					
Other resources? eg. fam	nily					
Alberta Works/Alberta Suppo Employment Insurance (E Canada Pension (CPP) Canada Pension Plan Disability (CPPI WC	orts	No		it you did not ap	opiy, wny not?	

A legible copy of your application must be sent to: Alberta Union of Provincial Employees 10025 - 182 ST NW, Edmonton, AB T5S 0P7 Attention: Members' Benefits Committee Phone: 780-930-5288 Toll Free: 1-800-232-7284 Fax: 780-930-3344

membersbenefits@aupe.org

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**.

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
(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			

Assets (belonging to you, or to yourself and your partner)

In completing the financial information section, please provide detailed information about the value of your assets. The committee reviews assets to determine if there is enough income and/or value to cover basic necessities such as food, shelter and utilities.

Teviews assets to	o dete		criou	gir iricorne ana/	or valu	e to cover basic ricece	,3311103 341	311 d3 100d, 3	TICILO	i and dimiles.
Cash on Har	nd	Cash in Bank A	Acct's	RRSPs		Bonds	Mutual Fu	ınds/Stocks	Oth	ner Investments
						Vehicles - including re	creation ve	ehicles		
	O	urrent Value	Am	ount Owing		Make	Year	Current Va	lue	Amount Owing
House										
Second Property										
Other.										

REQUEST FOR ASSISTANCE

Fund is for BASIC NEEDS. Fund is NOT available to provide assistance for ongoing needs, or for personal loans, lines of credit, credit cards, legal fees or for dental work. Detailed and specific explanation for financial assistance MUST BE PROVIDED.

Amount Requested and R	eason for? (eg. rent \$500 and food \$200)	
Amount:	Reason:	

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Note: if any of the noted items are not included this application will be returned	:d. dela	ved or de	enied
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Utilities Bills

Daycare/Eldercare Bills

Lease/Rental Agreement/Mortgage Statement

Health Care Benefits Premium Bill/Invoice

Other

*DO NOT SEND: Bills for phone, internet, cable, credit card, vehicle expenses and loans (unless deemed necessary)

REQUEST FOR ASSISTANCE

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

etailed explanation for financial assistance MUST BE PROVIDED. If m	ore room is required please use additional sheet.	

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 4:00 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, 10025 - 182 ST NW, Edmonton, AB T5S 0P7.

Applicant's Signature Date (mm/dd/yyyy)

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.

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)

- 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)

- 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.
- 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.