



Name: _____

**EMERGENCY ASSISTANCE PROGRAM
CONFIDENTIAL APPLICATION**

Important note:

Applications are reviewed by the Emergency Assistance Program Work Group, which is comprised of five members of the Member Services Committee. If deemed appropriate and the applicant gives permission, the member's District Goodwill Representative and/or District President may be contacted. Information is held in strict confidence, and every effort is made to ensure the anonymity of the member within the confines of the group reviewing the information.

- Assistance is not always monetary. A member may be directed toward a financial planning/counselling service or other appropriate community program, depending on the circumstances.
- Grants are made on the basis of need and are related to the total income of the member or household.
- The program is designed to provide assistance in an emergency situation, and not intended to provide long-term solutions to financial difficulties. RTO/ERO does not grant loans.
- Please provide as much information as possible in order to assist in the consideration of your application.
- **If you require help with this form, please call Pauline Duquette-Newman at RTO/ERO Provincial Office at (416) 962-9463 extension 226 or 1 800 361-9888 extension 226.**

PLEASE COMPLETE ALL APPROPRIATE SECTIONS OF THIS APPLICATION
(FILL IN SECTION A AND B, AND C ONLY IF APPLICABLE)

SECTION A: GENERAL INFORMATION

MEMBER'S NAME

DATE OF APPLICATION

RTO/ERO MEMBERSHIP #

ADDRESS

TELEPHONE

()

MARITAL STATUS

OF YEARS TEACHING

YEAR YOU RETIRED FROM TEACHING

Year teacher's pension commenced

Type of teacher's pension:

- ▶ Full pension
- ▶ Reduced pension
- ▶ Disability pension

YES

NO

Do you currently receive private health benefits?

Do you own and live in your own home?

Do you live in rented accommodation?

Do you live in a retirement/nursing residence?

Do you live alone?

Is there anything else you would like RTO/ERO to know regarding your living circumstances?

SECTION B: TYPE OF ASSISTANCE

1. Please describe the type of assistance you are seeking:

- A. Advice / Counselling
- B. One-time financial request
- C. Referrals for Assistance
- D. Other (Specify)

2. What kind of assistance are you currently receiving from your immediate or extended family?

3. What kind of assistance are you currently receiving from a Community service or Government service agency?

4. Are you in good health?
If no, please explain briefly:

YES **NO**

5. Have you previously requested or received assistance from RTO/ERO?

YES **NO**

If yes, please state the year and describe the assistance provided:

I consent to the collection, use and disclosure of all information required by RTO/ERO, including Section C (if financial assistance is required), to process this application. This information will be held in strict confidence.

Applicant Name (please print): _____

Applicant Signature: _____

Date: _____

**PLEASE COMPLETE SECTION 'C' ONLY IF YOUR APPLICATION
IS A REQUEST FOR FINANCIAL ASSISTANCE**

SECTION C: STATEMENT OF INCOME AND EXPENSES (if requested financial assistance)

If you need help to fill this form, please call Pauline Duquette-Newman, Coordinator-Provincial Office: 1-800-361-9888 or 416-962-9463, extension 226.

Important note: Including a copy of your most recent income tax "Notice of Assessment" would be helpful.

For the month of _____ year _____

| | |
|--|-----------------|
| MONTHLY NET INCOME, AFTER TAX | |
| PENSION INCOME | |
| • Teacher Pension | \$ _____ |
| • Canada Pension | \$ _____ |
| • Old Age Security | \$ _____ |
| • Guaranteed Income Supplement | \$ _____ |
| • Other Pension Income (specify) | _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| INCOME FROM OTHER SOURCES | |
| • Spouse's Net Income | \$ _____ |
| • Property Tax Rebate | \$ _____ |
| • Interest, Investments, Rent, etc. | \$ _____ |
| • Rental Rebate | \$ _____ |
| OTHER MONTHLY INCOME (SPECIFY) | |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL MONTHLY NET INCOME: | \$ _____ |
| <hr/> | |
| MONTHLY FINANCIAL ASSISTANCE FROM OTHER SOURCES | |
| • From Family | \$ _____ |
| • From Community Agency | \$ _____ |
| • From RTO/ERO (previously) | \$ _____ |
| • Other (specify) | _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL MONTHLY FINANCIAL ASSISTANCE: | \$ _____ |

| | |
|--|-----------------|
| MONTHLY EXPENSES | |
| ACCOMMODATION/LIVING EXPENSES | |
| • Rent/Mortgage | \$ _____ |
| • Fuel, Hydro, Water | \$ _____ |
| • Property Taxes | \$ _____ |
| • Telephone | \$ _____ |
| • Transportation | _____ |
| - Public Transit | \$ _____ |
| - Car Payment, gas | \$ _____ |
| • Additional Income Tax Payment | \$ _____ |
| PERSONAL EXPENSES | |
| • Food | \$ _____ |
| • Clothing | \$ _____ |
| • Entertainment | \$ _____ |
| • Personal Hygiene | \$ _____ |
| • Household/Pets | \$ _____ |
| INSURANCE PREMIUMS | |
| • Health Ins. Premiums | \$ _____ |
| • Property Insurance | \$ _____ |
| • Car Insurance | \$ _____ |
| • Other Insurance (specify) | _____ |
| _____ | \$ _____ |
| TOTAL REGULAR MONTHLY EXPENSES: | \$ _____ |
| <hr/> | |
| OTHER MONTHLY FINANCIAL DEBTS | |
| • Credit Card Balances | _____ |
| - VISA, MC, AX, ... | \$ _____ |
| - Sears, Can. Tire, HBC, ... | \$ _____ |
| • Line of Credit Balance | \$ _____ |
| • Loans Balance | \$ _____ |
| • Overdue Taxes Balance | \$ _____ |
| • Uninsured Medical Expenses | _____ |
| - Dental | \$ _____ |
| - Vision | \$ _____ |
| - Drugs | \$ _____ |
| - Other (specify) | _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |