

EMERGENCY ASSISTANCE PROGRAM CONFIDENTIAL APPLICATION

Important note:

Applications are reviewed by the Emergency Assistance Program Work Group 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.

- This assistance is available only to RTO/ERO members.
- 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 and are non-taxable. 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	
Address	
Telephone	
Date of Birth	
Date of Application	
Marital Status	
RTO/ERO Membership #	
Type of Member (Full, Associate)	
Number of Years Employed in Education	
Year you Retired/Ceased Working	
Year Pension Commenced	

Type of pension:	▶ Full pension	<input type="checkbox"/>
	▶ Reduced pension	<input type="checkbox"/>
	▶ Disability pension	<input type="checkbox"/>

Source of pension (i.e. OTPP, OMERS, etc.) : _____

	YES	NO
Do you currently receive private health benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own your own home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you reside in that home?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in rented accommodation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in a retirement/nursing residence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live alone?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any savings, investments, RRIFs, bonds, GICs?	<input type="checkbox"/>	<input type="checkbox"/>

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

Was the Community Care Access Centre (CCAC) involved in your situation?

SECTION B: TYPE OF ASSISTANCE

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

A. Advice / Counselling	<input type="checkbox"/>
B. One-time financial request	<input type="checkbox"/>
C. Other (specify)	<input type="checkbox"/>

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? (i.e., CCAC, financial counseling, home care, etc.)

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

5. Are there any other circumstances that would support your request? **YES** **NO**
If yes, please provide information:

6. Have you previously requested or received assistance , financial or other, 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 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 requesting financial assistance)

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 \$ _____
- Home Equity, Stocks, Savings Account, RRSP, RRIF \$ _____

OTHER MONTHLY INCOME (SPECIFY)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL MONTHLY NET INCOME: \$ _____

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: \$ _____

FINANCIAL ASSISTANCE FROM OTHER SOURCES IN THE PAST 12 MONTHS

- From Family \$ _____
- From Community Agency \$ _____
- Other (specify) _____ \$ _____
- _____ \$ _____
- _____ \$ _____
- _____ \$ _____

TOTAL FINANCIAL ASSISTANCE: \$ _____

OTHER 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) _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____
 - _____ \$ _____

TOTAL DEBTS: \$ _____

