



2018-2019

BENEVOLENT COUNCIL APPLICATION

Benevolent Council exists for the purpose of providing assistance to active members who find themselves in extreme financial need due to: **(a) prolonged illness;** **(b) accident; or** **(c) extreme emergency.**

This assistance can be benevolent relief grants of **up to \$3,000 in a Federation year** or simply advice to recommend other ways/means to alleviate distress suffered by members. **No active member may receive more than \$6,000.00 in benevolent relief grants from Benevolent Council within a five-year period.** Please be advised that Canada Revenue Agency (CRA) consider Benevolent grants to be taxable income to the recipient. In this regard, OSSTF will issue a T4A slip to a recipient early in the next calendar year for inclusion with a personal income tax return.

APPLICATION PROCEDURE

1. Submissions shall be made by the **District President, Bargaining Unit President** or designate.
2. Application forms must be completed clearly and in full: **page 1** by the **District President, Bargaining Unit President** or designate; pages 2 and 3 by the applicant.
3. **A letter of support by the District President, Bargaining Unit President or designate must be included.**
4. **A letter from the applicant with personal information pertinent to the application must also be included (see page 2).**
5. Applications are to be forwarded to **(please do not send images of completed applications):**

Jane Ste. Marie, Secretariat Liaison
 c/o Jennifer Huber – jennifer.huber@osstf.ca
 Ontario Secondary School Teachers' Federation
 60 Mobile Drive, Toronto, Ontario M4A 2P3
 T: 416-751-8300 or 1-800-267-7867
 F: 416-751-7858

ALL INFORMATION IS HELD IN STRICT CONFIDENCE

The Chairperson of Benevolent Council or Secretariat Liaison may contact the bargaining unit for further information, if required.

*Chairperson, Benevolent Council
 District 3, OSSTF*

Please print clearly within the margins

APPLICANT'S NAME: _____

Application completed by: _____ Title: _____

District President/Bargaining Unit President/Designate Information

Name	Work Telephone #
OSSTF District Name	Home Telephone #
OSSTF District #	Bargaining Unit
Address (include postal code)	Consideration requested due to: (a) <input type="checkbox"/> prolonged illness (b) <input type="checkbox"/> accident, or (c) <input type="checkbox"/> extreme emergency



2018-2019

APPLICANT'S INFORMATION SHEET
CONFIDENTIAL
(please PRINT clearly)

I hereby consent to the collection and use of the following information by the Ontario Secondary School Teachers' Federation. This information shall be used exclusively for the purposes of Union administration and the representation of our members.

Dated at _____ this _____ day of _____, 20 _____

Applicant Name (please print) _____

Applicant Signature _____

APPLICANT INFORMATION

Name	Employer
Address (include postal code)	Workplace Work Telephone #
Home Telephone #	Email
Mobile Telephone #	
OSSTF District Name	OSSTF District # Bargaining Unit
Member #	

PERSONAL INFORMATION

Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Dependents (as per income tax return)	Name	Age	Occupation



Applicants: please include a letter with personal information pertinent to the application to assist Benevolent Council in the consideration of your request for assistance.



2018-2019

**APPLICANT'S FINANCIAL INFORMATION
CONFIDENTIAL**

ASSETS		
Current Source of Income (Total Net MONTHLY Income)		
Current Income from Employment	\$ _____	/per month
Partner/Spouse Income	\$ _____	/per month
Other Income (specify).....	\$ _____	/per month
Total Household MONTHLY Income	\$ _____	
	Value	
Savings Accounts.....	\$ _____	
Chequing Accounts.....	\$ _____	
Stocks/Bonds.....	\$ _____	
RRSPs.....	\$ _____	
Investments.....	\$ _____	
Vehicle (s) :		
1. Make/Model <input type="checkbox"/> lease <input type="checkbox"/> own	Model Year	\$ _____
_____	_____	_____
2. Make/Model <input type="checkbox"/> lease <input type="checkbox"/> own	Model Year	\$ _____
_____	_____	_____
Real Estate Owned		
	Value	Balance Owing
House.....	\$ _____	\$ _____
Other Property.....	\$ _____	\$ _____
CURRENT MONTHLY EXPENSES		
<input type="checkbox"/> Rent..... Owed to: _____	MONTHLY Payment	
<input type="checkbox"/> Mortgage..... Owed to: _____	\$ _____	
Property Taxes (if not included in mortgage payment) _____/per month	\$ _____	
Loans: Vehicle(s)..... Owed to: _____	\$ _____	
Personal..... Owed to: _____	\$ _____	
Other (specify)... Owed to: _____	\$ _____	
Credit Cards: enter total MONTHLY payment required for each credit card		
<input type="checkbox"/> Mastercard	\$ _____ /per month	
<input type="checkbox"/> Visa	\$ _____ /per month	
<input type="checkbox"/> Other (specify)	\$ _____ /per month	
TOTAL BALANCE OUTSTANDING on all credit cards \$ _____		
Utilities (total)	\$ _____ /per month	
Medical Expenses	\$ _____ /per month	
Insurance: enter MONTHLY payment required		
Life: \$ _____ Vehicle: \$ _____ Property: \$ _____		
Total MONTHLY Insurance Costs →	\$ _____	
MONTHLY Food Expenses (estimate cost)	\$ _____	
MONTHLY Dependent Expenses	\$ _____	
MONTHLY Spousal Payments (if required)	\$ _____	
MONTHLY Transportation Expenses	\$ _____	
Other Pertinent MONTHLY Expenses (specify):	\$ _____	

TOTAL MONTHLY EXPENSES → \$ _____

IF MORE INFORMATION IS AVAILABLE, PLEASE REPORT ON A SEPARATE SHEET