



2017-2018

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 \$5,000.00 in benevolent relief grants from Benevolent Council within a five year period.** Please be advised that Canada Revenue Agency (CRA) considers 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 20, 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	Email
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



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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.

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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 Owning
House.....	\$	\$	
Other Property.....	\$	\$	
CURRENT MONTHLY EXPENSES			
		MONTHLY Payment	
<input type="checkbox"/> Rent.....	Owed to:	\$	
<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