



2019-2020

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):**

Norm Westbury, 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.

*Sue Melville, 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



2019-2020

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

Table with 2 columns: Applicant Information and Employer. Rows include Name, Address, Home Telephone #, Mobile Telephone #, OSSTF District Name, OSSTF District #, Bargaining Unit, and Member #.

PERSONAL INFORMATION

Form for Personal Information including Marital Status (Single, Married, Common Law, Separated, Divorced, Widowed) and a table for Dependents (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.

2019-2020
**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
House.....	\$ _____
Other Property.....	\$ _____
	Balance Owing
	\$ _____
	\$ _____
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