



**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](mailto: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)	<b>Consideration requested due to:</b> <b>(a) <input type="checkbox"/> prolonged illness</b> <b>(b) <input type="checkbox"/> accident, or</b> <b>(c) <input type="checkbox"/> extreme emergency</b>



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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

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.



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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 ... Model Year ... \$
2. Make/Model ... Model Year ... \$
Real Estate Owned
House ... Value ... Balance Owning ...
Other Property ... Value ... Balance Owning ...
CURRENT MONTHLY EXPENSES
MONTHLY Payment
Rent ... Owed to: ... \$
Mortgage ... Owed to: ... \$
Property Taxes ... /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
Mastercard ... /per month \$
Visa ... /per month \$
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