



Benevolent Fund Application

POPPY RCNBF ALLIED VAC CFPAP OTHER Please specify:

Use a blank sheet of paper if additional space is required for any of the following questions.

1) Service identification of eligible member or former member

Family name	Given name(s)	Service No.	Rank	Age
Enlistment date	Release date	Unit	Location (if serving) Country & Service (if allied)	

2) Address

Home address of applicant	Telephone number of applicant/e-mail of applicant
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3) Family particulars (All those residing in the house)

Name	Relationship to Veteran	Age	Single or date married
Employment	Monthly Income	Monthly contribution to household	Health
Name	Relationship to Veteran	Age	Single or date married
Employment or school	Monthly Income	Monthly contribution to household	Health

4) Summary

State previous assistance (Name of Fund)	Date	Amount
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Problem and type of assistance requested

Remarks, special instructions and recommendations of interviewer

5) Real estate owned by applicant and/or spouse/common-law partner

Name(s) of registered owner	Location
Description	If private dwelling, state number of rooms
Cost price	Current value
Amt. of Mortgage-loan	

6) Assets of applicant and spouse/common-law partner

Assets	Value (\$)	Assets	Value (\$)	
Cash on hand	\$	Insurance - Surrender Value	\$	
Furniture, Tools, Equipment	\$	Bonds - Other investments	\$	
Auto - Year Make	\$	Other assets	\$	
A Total	\$	B Total	\$	A + B =
				Total

7) Debts

Name and address of creditors	Articles or services obtained		Date incurred	Original amount (\$)	Repayment rate (\$)	Balance Owning (\$)	
Total ➔							

8) Monthly Income

Monthly Expenses

Salary of applicant (if civilian)		\$	Food and personal care		\$
Pay of rank and trade (if serving)		\$	Rent		\$
			Mortgage (including interest)		\$
			Property taxes		\$
			Clothing		\$
Salary of spouse		\$	Insurance	Life	\$
Contributing wage earning	Children residing at home	\$		Medical	\$
	Children not residing at home	\$		Hospital	\$
	Rents from tenants and boarders	\$		Auto	\$
Pension or other annuities (specify) (Applicant)				Property	\$
		\$	Electricity, water, telephone		\$
			Fuel (Average monthly)		\$
			Income tax		\$
			Transportation/Car expenses		\$
			Pension plans		\$
Pension or other annuities (specify) (Spouse)			Child/Spousal Support		\$
		\$	Mess dues (if serving)		\$
			Recreation		\$
			Continuing medical expenses		\$
			Other (Include debt from above)		\$
A Total income		\$	B Total expenses		\$
B Total expenses		\$			
A-B= Monthly surplus <input type="checkbox"/>		\$	State total family gross income for past 12 months (attach pay guides or pay information slips)		\$
Monthly deficit <input type="checkbox"/>		\$			
Applicant's Signature		Spouse's/common-law partner's signature (if readily available)			Date
Application approved <input type="checkbox"/>		If application declined, reason for declining			Date
Application declined <input type="checkbox"/>					

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THE FOLLOWING DOCUMENTS MUST BE PROVIDED WITH THE APPLICATION FORM (VAC 1278)

- Confirmation of all current monthly household income (pay and/or pension stubs and/or one complete month of a bank statement is acceptable) ~ (T4's are not acceptable as a current income).
- Current utility statements (electricity, water, fuel, phone, internet, cable & cell phone)
- Current debt statements.
- Confirmation of child /spousal support monthly payments (if applicable) (court order or legal agreement)
- Estimates for items to be purchased or work to be performed (if applicable)
- Any other supporting documents that may assist in the investigation of the case.

Please note that following the review of your file other documents may be requested.

Please note:

You must indicate on the application form under the "Problem and type of assistance requested" or on a separate letter the reason of your financial distress and the type of assistance (grant or loan) you are requesting as well as the total amount. You must identify clearly the suppliers and/or creditors to be paid in the event that your request is approved.

The application form must be signed by you and your spouse (if applicable) under the "Applicant's signature" and "Spouse's signature".

GUIDE TO COMPLETING VAC FORM - 1278

When an application for assistance is submitted to the Benevolent Fund, VAC Form 1278 is used to provide the information required for decision-making purposes. Applicants should be aware the Fund is required to verify the circumstances leading to requests for financial assistance. It is therefore important to all concerned that applications are properly documented. To that end, the guide below is intended to assist you in completing the paperwork thus allowing the Fund to assess your application in a timely manner.

Service identification of an eligible member

This section identifies the person whose service has made them and/or their dependants eligible for assistance through the Fund. If the person is deceased, you must provide as much information about his/her service as possible. If you have a photocopy of the members' service record, this would be the best supporting document for this section.

Family Particulars

This section identifies the spouse of the member identifies in Section 1 and all other persons who reside in the household. These other persons are not limited to family members and can include boarders or friends who are living in the home at the time of the application. If more space is needed, please include an attachment.

Summary

- State any previous assistance you may have had from the Benevolent Fund or Veterans Affairs Canada
- This is where you provide the particulars of your circumstances and the specific problem you are addressing.
- You must include an estimate (or quote) for the item(s) that you are applying for.

Real Estate or Business owned by Applicant and/or Spouse

Identify any Real Estate holdings or Businesses you own and include a brief description. Please provide the most recent property assessment value(s) where applicable.

Assets of Applicant and Spouse

- Cash on hand - savings in the name of the member and his/her spouse
- Furniture, Tools & Equipment - an approximate replacement value for these items
- Automobiles - current value
- Insurance CSV - the amount you would receive if you cashed in life insurance policies
- Bonds - other investments, such as mutual funds, RRSPs, etc
- Other Assets

Monthly Income

In this section, please show each source of monthly income for you and your spouse (if applicable). Bank statements, latest copy of Income Tax return, etc, must support these incomes.

Monthly Expenses

Here you list the expenditures you incur on a monthly basis. For items such as ~~Insurance, you must determine the annual amount and divide it by twelve to get the~~ average monthly expense. The monthly expense for clothing is the approximate amount spent on clothing for household members on a yearly basis divided by twelve. Continuing medical expenses are items that are not covered by your insurance company, ie. The portion of prescription drugs not paid by insurance, non prescription Over-The-Counter medications, etc.

Signatures

Finally, both the member and his/her spouse (where applicable) must sign and date the form. This authorizes the Fund to obtain access to any personal information that may be necessary in adjudicating the case. The Fund will not consider your application if it not signed and dated.