



Benevolent Fund Application

POPPY RCNBF ALLIED VAC CFPAF 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 |
|---------------------------|---|

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 |
|--|------|--------|

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 | |

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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