



## 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 (\$)
<b>Total</b> →					

**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>B Total expenses</b>		\$
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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