

APPLICATION TO THE CTV GOOD NEIGHBOUR FUND

“The CTV Good Neighbour Fund is a registered charitable organization that considers limited assistance to those individuals/families requiring support in exceptional cases not covered by other funding.”

This is a **ONE-TIME** application. If approved, NO future requests will be considered.

- **ANSWER EACH QUESTION COMPLETELY** to ensure request is considered.
- All information is held in **strict confidence**.
- We do not provide for voluntary personal expenditures or options.
- The **applicant is responsible for maintenance, repairs or warranties of any equipment supplied**.
- All applicants **will be notified** of the board's decision **in writing**.
- **ALL DECISIONS ARE FINAL. THERE IS NO APPEAL PROCESS.**
- **ALL APPLICATIONS MUST BE SIGNED.**

SIGNATURE OF APPLICANT OR LEGAL GUARDIAN

I give the **CTV Good Neighbour Fund** the authority to inquire of my need with any relevant source to verify my circumstances.

Name: _____ Signature: _____
(please print)

Date: _____

***Application MUST be signed & dated to be complete.**

NAME OF APPLICANT: _____ DATE OF BIRTH: _____

CURRENT ADDRESS: _____

CITY/TOWN: _____ PROV _____ POSTAL CODE: _____

PHONE: _____ FAX: _____ CELL: _____

E-mail: _____ YEARS AT ADDRESS: _____

SPOUSE/Commonlaw spouse name: _____

NUMBER OF CHILDREN CURRENTLY LIVING AT APPLICANT'S RESIDENCE: _____

AGE OF CHILDREN: _____

For the following, please check all that apply:

- | | | |
|----------------------------------------|--------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Parental Home | <input type="checkbox"/> Rental Home | <input type="checkbox"/> Live with Spouse/Partner |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Own Home | <input type="checkbox"/> Live with Parent/Guardian |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Live Alone | <input type="checkbox"/> In Shared Accommodation |

Other (please specify) _____

ADDRESS OF LAST RESIDENCE AND HOW LONG APPLICANT LIVED THERE:

If an individual or group is supporting this application, please complete the following: ORGANIZATION/GROUP: _____ CONTACT PERSON: _____ PHONE: _____ FAX: _____ e-mail: _____

REQUESTS TO THE GOOD NEIGHBOUR FUND ARE BASED ON NEED NOT WANT. The Good Neighbour Fund does NOT provide funding to reimburse for items previously paid for. Funding requests **MUST have supporting documentation attached with the application form. Documentation provided should be relevant to the applicant's request. i.e. letters from doctors, social workers, supporting agencies, etc.; copies of notices, bills, rental agreements, etc.; at least two written estimates for any equipment requests; etc.**

TOTAL AMOUNT OF FUNDING YOU ARE APPLYING FOR: \$ _____
(If you are applying for assistance for more than one item please provide a breakdown of costs.)

**If approved, funding is paid to vendors and/or suppliers NOT directly to individuals.
 Funding must be used for the purpose for which it was approved.**

FOR CURRENT REQUEST, LIST OTHER GROUPS YOU HAVE CONTACTED (i.e. agency, family member, charity, etc.) ****This is required before applying to the Good Neighbour Fund.****

<u>Date Contacted</u>	<u>Contact Name</u>	<u>Organization (if applicable)</u>	<u>Phone #</u>	<u>Assistance Received</u>	<u>Relationship to Applicant (if applicable)</u>

IF YOU HAVE RECEIVED ANY ASSISTANCE DURING THE LAST 5 YEARS, PLEASE PROVIDE DETAILS:

<u>Date Contacted</u>	<u>Contact Name</u>	<u>Organization (if applicable)</u>	<u>Phone #</u>	<u>Assistance Received</u>	<u>Relationship to Applicant (if applicable)</u>

HAS APPLICANT APPLIED TO THE CTV GOOD NEIGHBOUR FUND IN THE PAST? Yes No

WHERE DID YOU HEAR ABOUT THE CTV GOOD NEIGHBOUR FUND? _____

REFERENCES: (Professional, Medical or personal) **If renting, include LANDLORD'S name and phone number.**

	<u>NAME</u>	<u>PHONE NUMBER</u>	<u>RELATIONSHIP TO APPLICANT</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

PLEASE RETURN COMPLETED APPLICATION TO:

Mail or drop off at: CTV Good Neighbour Fund
 18520 Stony Plain Road, Edmonton, AB T5S 1A8
 OR Fax: (780) 484-4426

For application deadlines and information please call 486-9215.