



Application Checklist

Please make sure all items below are completed before sending in your application.

- Sign & date your application.
- Include your name, address & a phone number we can contact you at.
- Include letters of support from the individual or group supporting your application if available, and we will contact these people for further information if needed.
- Write down your total monthly income and expenses showing the normal financial demands of your life. The GNF may help cover an expense that due to an unexpected situation, you are unable to cover in your normal monthly budget.
- What assistance do you need? What are the circumstances that led to this situation? What is your long-term plan to ensure this expense will not be a problem for you in the future?
- What is the total dollar amount that you are applying for?
Attach all documents that clearly show you are in need of this specific amount. (i.e. bills, notices from landlords, three separate quotes for equipment/supplies, etc.)
- Where else have you applied for help with this expense?
You **must** have made efforts to cover this expense by applying to other agencies/family/friends **before** applying to the GNF.
- Include telephone contact numbers of people we can talk to about your application. Include letters of support from people who can confirm your need for this expense whenever possible.

**Applications with any missing information will be returned to you for completion before being presented to the Board for consideration.*

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.